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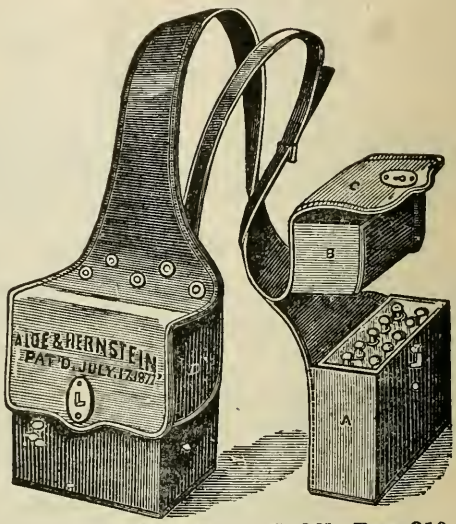

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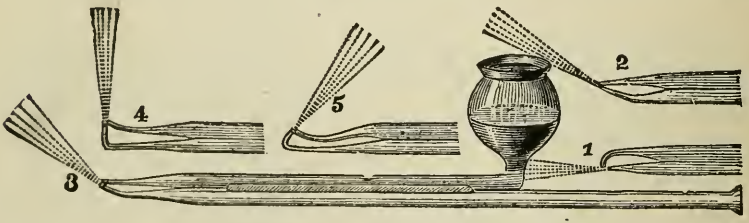

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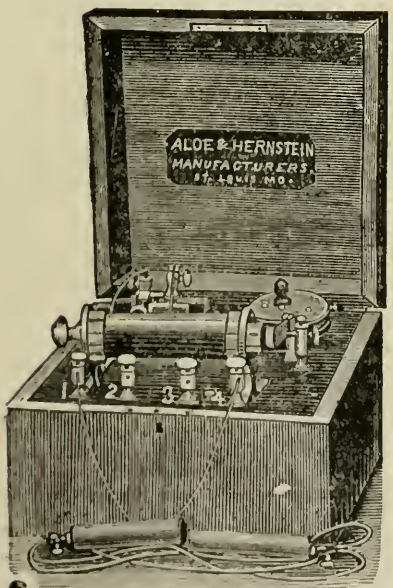

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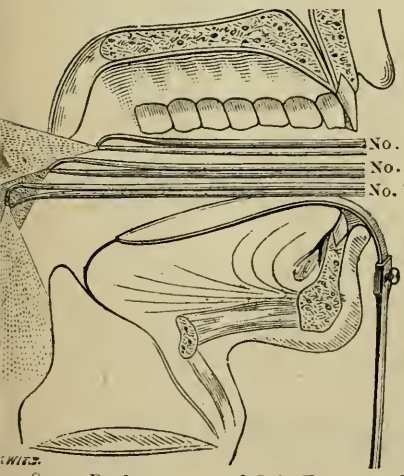

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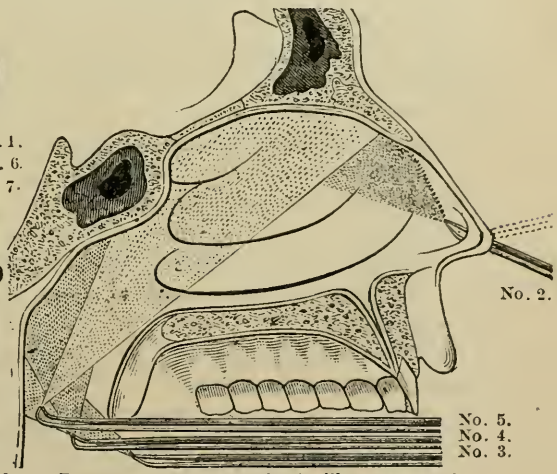

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Original Contributions.

Article LXXXVII.

Fibroids of the Uterus.* By N. M. Baskett, M. D., of Moberly, Mo.

[concluded.]

All writers I have consulted on diseases of women, speak particularly of this great difficulty of diagnosing between ovarian tumors and cysts, and fibroids of the uterus. The quotations already given from Ashwell and Hodge, I here supplement with the following from West, Thomas and Schroeder :

West says, " The distinction between fibrous tumors of the uterus and tumor of the ovary, is far from being as easy as might beforehand be supposed, especially when the tumor grows from the posterior uterine wall. The fact that fibrous tumors are seldom developed at as early an age as tumors of the ovary; that they are seldom solitary, and that they are usually accompanied by menorrhagia, are always worth bearing in mind, though far from being conclusive in any doubtful case. Besides their surface is often uneven or nodulated. They present a greater degree of hardness than an ovarian cyst, though it must not be forgotten that when small and tense, the cyst may yield no distinct evidence of fluctuation, while a large and rapidly growing fibrous tumor may *when felt through the abdomimal walls, present a sense of elasticity which gives it a most deceptive resemblance to an ovarian cyst.* I know of one instance in which this resemblance betrayed two very experienced surgeons into an operation for the removal of a supposed ovarian cyst, but who discovered the tumor was a large fibrous growth of the outer surface of the uterus. The opposite error I have seen both committed and fallen into myself, in cases where a small thin-walled ovarian cyst was still lying in the pelvic cavity."

Upon the same subject Thomas says, " The statement, that there are many difficulties attending the differentiation of uterine fibroid from ovarian cysts, would be to leave on the mind of the practitioner, a very imperfect and erroneous impression. It is

* Read before the Moberly District Medical Association.

not only difficult but often impossible, even for the most capable and accomplished diagnostician to arrive at a certain conclusion Quite a number of cases are now on record, where experienced operators have not only acted under an erroneous impression as to the nature of the tumor, but absolutely removed the growth and the uterus from which it grew before a diagnosis was made."

I quote Thomas' table giving diagnostics between fibroid and ovarian cyst.

Uterine Fibroids.	Ovarian cysts.
1. There is usually menorrhagia.	Menorrhagia does not exist as a symptom,
2. The uterus measured by the sound is enlarged.	Uterus is not enlarged.
3. Mass felt per vaginam is irregular and continuous with the uterus.	Mass per vaginam is solid and not continuous with uterus.
4. There is generally leucorrhea.	There is no leucorrhea.
5. Sound placed in uterus and made to move the womb, the tumor felt by hand on abdomen moves also.	The uterus may be moved without the tumor moving.
6. Uterus is generally displaced.	The uterus is not markedly displaced, though it may be somewhat so.
7. There are often several tumors.	There is generally one tumor.
8. Tumor always hard.	The tumor is of fluid type (fluctuates).

These are the means by which diagnosis of these tumors can be made. Further on Thomas says, "Let it not be supposed that the task is always an easy or practicable one, There are certain forms of cancer, the medullary for example, which yield to all appearances the character of fluidity and yet contain solid elements. This the case even with cystic sarcoma." He cites a case of Dr. Peaslee's, who operated for ovarian cyst and found cystic sarcoma. Another operated on by Dr. John O'Reilly, with same diagnosis and same result; and another case of his own diagnosed by himself, Drs. Peaslee, Loomis and Budd, as ovarian and from which he removed a sarcoma weighing fourteen pounds. To quote his words, which so completely describe our own case, "As it lay upon the table after the operation, it was examined by a number of physicians, and nothing could convince them even then, that its contents were not fluid except section of the mass."

I might quote largely from Ziemssen, to the same end, but content myself with the following: "It may therefore prove

impossible to determine the diagnosis between an ovarian tumor held fast to the uterus and a subserous fibroid with a narrow pedicle or a large fibro-cystic tumor." Here then were the causes which led us into error. There was no menorrhagia, save the recurrence of menstruation every twenty-four or five days, which may occur in any woman. There was but slight perceptible enlargement of the womb. The mass was regular and imparted to the touch a sense of fluctuation. There was no leucorrhea. Moving the uterus did not affect the tumor, and there was no marked displacement of the womb. There was only one tumor. The only feature lacking in my examination was that I did not employ a sound. Whether any gentleman who previously examined her, used one, I cannot say.

Five methods are mentioned by the authors, in which nature attemps a spontaneous cure. 1. Absorption. 2. Atrophy, the pedicle gives way and the tumor is thrown off. 3. Sloughing or inflammation, from want of nutrition. 4. Calcareous degeneration. Only two of these methods apply to the subperitoneal tumor—absorption and calcareous degeneration. These will rarely occur.

The treatment of these tumors varies with the individual author. Ashwell, who calls these tumors malignant, claimed to have cured some cases with iodine. Hodge thought his pessary the best thing in the world, though also recommending iodine, and other alteratives. West speaks of the rare "accident of recovery, and mentions iodine, bromine and Kreuznach waters. He thinks bromide of potassium has the advantage of being better tolerated, and for a longer time, than the salts of iodine. He thinks that so far as a specific is concerned, that none exists, or at least has at present been discovered.

Thomas has his doubts of absorption having ever occurred through the use or as a result of medicine.

For the sabperitoneal tumors but one means of surgical interference exists, viz.: gastrotomy. Ashwell does not mention the operation at all. Hodge merely refers to it, and that to condemn mentioning the successful case of Dr. Allen, of Philadelphia. West says: "A few cases are on record where the abdomen has been laid open and the extirpation of fibrous tumor from the outer surface of the uterus, has been attempted and actually accomplished. In most of these cases the operation was undertaken with the impression that the tumor was ovarian;

and in all instances but one its completion was followed by the patient's death. It is a proceeding to be altogether deprecated, difficult to accomplish, almost certainly fatal if concluded, surrounded by dangers which wisdom cannot foresee nor skill avert."

On the other hand, Thomas, while admitting that the mass of the profession are against the operation, thinks, "it no more so than it was twenty years ago with reference to ovariotomy. The operation is truly a formidable one, and yet since it has been repeatedly successful, in cases susceptible of no other means of relief, it is worthy of consideration. Indeed, should the steady decadence of the patient's strength make it certain that a fatal issue must soon ensue, the operation in case of a pedunculated subperitoneal tumor would become a matter of duty and not remain one of choice." "It is not venturing too much even now, to say, that if the fibroid be pedunculated and unattached, its removal is no more dangerous than the ordinary operation of ovariotomy." He gives Prof. Stone's table showing twenty-four operations and six recoveries, or 25 per cent. A subsequent table gives ten operations and ten deaths.

Schroeder gives the following: 108 laparotomies for uterine fibroids there were 78 deaths and 30 recoveries. 73 operations with removal of the uterus, gave 55 deaths and 18 recoveries. While 35 operations without removal of the uterus, gave 23 deaths and 12 recoveries.

"According to these results," says he, "we must agree with Boinet, that in case of non-pedunculated tumors, at all events, we should only undertake an amputation, if very urgently indicated." Pean, however, even under these circumstances, reports eight cases and six recoveries.

Notwithstanding the array of authorities, it is evident from the tone of recent discussion in medical societies, and cases reported by individual physicians all over America and Europe, that operations for fibroid are becoming more popular every year, and it is probable that with improved therapeutic and hygienic measures, the day will come that the operation, in a certain class of cases, will be as popular as the operation for ovarian tumor.

MODES OF DEATH AFTER OPERATION.—Death may result after this operation, in several ways; viz.:

Primary and secondary shock or collapse; hemorrhage; peri-

tonitis and septicemia; (Thomas) for primary shock nothing is better than profound anæsthesia during the operation, with hypodermic injections, or per rectum with brandy.

To prevent collapse the whole armamentarium of the materia medica may sometimes be found inadequate. Morphia, quinia, brandy, ammonia, camphor, *et id genus omne* will be useful though frequently unsuccessful.

The usual means employed to control hemorrhage, both primary and secondary, can be used here with success. Digital pressure, clamps, cauteries, ligatures, styptics and other means according to indication.

Peritonitis is to be treated on the same general plan laid down in works for the subjugation of this disease. It is a fearful complication, statistics showing that 40 per cent. of deaths following gastrotomy, result from this cause. The same may be said of septicemia, the surgeon being expected to meet such conditions as may arise to the best of his ability. It is necessary that these troubles be studied in detail and they cannot come in the scope of this paper which is already so extended.

In conclusion, I will say, that this paper is not written as an apology for any error in diagnosis. As I have shown, the best medical minds have made the same. Possibly had our diagnosis been correct, the operation would not have been performed. It is written, however, to inculcate the lesson which the writer has learned, that we may all, as practitioners, be more guarded in our diagnosis; and that careful conservative utterance may take the place of dogmatic decisions, particularly when we enter the abdominal and pelvic regions, to decide upon the afflictions which affect the children of humanity.

Article LXXXVIII.

Ligation of Common Carotid Artery for the Prevention of Hæmorrhage, Caused by Gangrene of Cheek and Neck Starting from a Carious Tooth. By William A. Byrd, M. D., of Quincy, Illinois.

The evening of January 27th, 1882, Dr. M. Rooney called, and requested that I should accompany him the next morning to see Joseph Valentine, a boy between seven and eight years of age that was suffering from gangrene of the left side of the face and neck, accompanied with severe hæmorrhage. Early the next morning, January 28th, we called and found the child very anæmic with the left side of the face swollen, with an opening, that would admit the point of a finger, opposite the submaxillary gland, another in the meatus auditorius and another in the mouth opposite to the outside of the first molar tooth; from all these openings was flowing a dark, very offensive fluid mixed with arterial blood, and, also, shreds of gangrenous connective tissue protruded from them. For some weeks the child had suffered from an offensive discharge from the left ear; and about two weeks before we saw him the first left molar tooth commenced aching and the jaw to swell. This continued until a few days before we saw him, when a black spot appeared opposite the tooth. The skin gave way at the spot, giving vent to a dark, very offensively smelling discharge. At the same time, the swelling having extended up to the ear, or rather the swelling from the ear and the tooth having coalesced, and the abscess, broke into the ear and mouth, causing a profuse discharge from each opening. In a day or two blood was discharged from all three openings and on the 27th. there being a great deal of it, Dr. Rooney, was sent for. He seeing it was arterial applied styptics and compresses with the administration of stimulants and tonics, it being dark, called upon me to see the patient with him when daylight would permit us to search for, and if possible, secure the bleeding vessels. Putting the patient under the influence of ether it was discovered that the bleeding

came from so many points that it would be impracticable to secure all of them without too great a loss of blood and shock to the patient. Although it was evident that only branches from the external carotid were eroded, still the gangrenous process seemed so malignant as to threaten the larger vessels, so we decided to ligate the common carotid. This was done with cat-gut after the usual method. Through the incisions a great quantity of gangrenous material was removed as high as above the zygoma and down nearly to the clavicle and around to at least an inch to the right of the mental symphisis. The cavity was carefully washed out with a solution of boracic acid and packed with oakum soaked in eucalyptol and vaseline. In the afternoon he was much brighter and so continued until the afternoon of the 29th when he commenced sinking and died the next morning. There was no more hæmorrhage after the operation, his appetite increased, his pulse became fuller for a time, and the gangrenous process was arrested, but the system was too thoroughly saturated with the septic material that had been absorbed. In Dr. Rooney's opinion, the origin of the trouble was the otorrhea which had weakened and poisoned him, besides interfering with proper inervation by the inflammation or irritation extending from the ear to the brain. That it was to some, or even a great extent the cause I am willing to admit, but the proximate cause was the diseased tooth, for around it was the greatest destruction of tissue. I have every reason to believe the result would have been different had the family called a physician when the first evidence of gangrene appeared or even when the hæmorrhage first made its appearance. This case teaches the danger that sometimes attends a neglected carious tooth. It has been but three or four years since another very promising young man of this city lost his life from osteo-myelitis starting from a a carious tooth.

Article LXXXIX.

NOTES ON CASES IN GENITO-URINARY SURGERY.

—Case No. IX.—

Strictures of Large Calibre—Urethrismus. Internal Urethrotomy for Ante-Scrotal Strictures, and a Second Time for a Stricture at the Bulb.—Urethral Fever—Ricord's Operation for Varicocele.—Loss of the Wire-Loop within the Scrotum—Division of the Veins with the Galvano-Caustic Wire—Complete Recovery. By W. Hutson Ford, M. D., of St. Louis.

Jan. 22, 1876, Mr. E. S., aged twenty-six, a man of moderate height and spare build, had a gonorrhœa at eighteen which lasted six months. The affection recurred six or seven months ago, a gleet following which hung on for a long time. He is unmarried; exceedingly nervous and hypochondriacal. The stream of water is about an eighth of an inch in size, and there is considerable straining in micturition. He does not rise at night to pass water; there are no vesical symptoms. B. B. 29 defines contraction at one end from the meatus, whose lower fold encroaches notably on the orifice of the urethra. The entire urethra is exceedingly sensitive. There is a contraction at the bulb which is no doubt partly urethrismic. The contraction one inch down was stretched to thirty-two and divided with Otis' dilating urethrotome, the falciform lower border of the meatus being similarly divided. A somewhat sharp hæmorrhage was met by the introduction of a glass tube into the urethra, and bandaging of the penis upon this, cold water being also applied.

Internal Urethrotomy.

Jan'y 25th, B. B. 30. passed as far as the bulb. A stricture at the bulbo-membranous junction of the calibre 12 F. is detected. There is some irritability of the bladder and prostatorrhœa, and a generally atonic condition of the genital organs. There is a pronounced and at times very painful varicocele of the left side. All his trouble, he thinks, dates back to the pro-

longed gonorrhœa acquired eight years ago at college. The meatus has been successfully widened.

February 11th. By intermittent dilatation with steel sounds the perineal stricture has been expanded to a calibre of 24 F. without accident.

Deep Internal Urethrotomy.

Otis' straight urethrotome was passed through the the stricture, screwed up to forty, and the sharp-edged knife drawn through the stricture on the floor of the urethra. Immediately after a No. 23 catheter passed into the bladder, and a No. 30 sound after that. There was not much hæmorrhage. Passed urine containing some blood at five P. M. Ordered recumbency; cold to the perineum; anodyne suppository at bed-time; meagre diet.

February 12th. 10 A. M. No bleeding, no pain or tenderness on pressure in the perineum. Continue.

Rigor and Urethral Fever.

Feb. 13th. 10 A. M. Urinated yesterday at 12:30 P. M. Half an hour afterwards, had a smart rigor lasting ten minutes, followed by high fever. This was met by quinine and veratrum gtt. ij. every two hours or oftener, with a quarter of a grain of morphine at bed-time. This morning he is already better, and passes his water easily enough. The urine is smoky from admixture with blood derived from clots in the bladder. Quinine and veratrum; recumbency.

Hæmorrhage backwards into the Bladder.

Feburary 15. The urine is clear to-day. C. S. 29 and 31 passed without much pain. Passed a full stream of urine.

February 23rd. The sound has been regularly passed. The stream of water is excellent; indeed, he may be considered as quite well again as far as the stricture and its results are concerned. He was instructed in the use of the sound, and properly informed with respect to the necessity of passing it at regular intervals for the future to prevent recontraction.

Prompt recovery.

February 25th. At his request, the varicocele was operated upon to-day by a modification of Ricord's method. The veins were encircled with a strand of silver wire, whose two ends were passed through holes three-sixteenths of an inch apart in a leaden plate and twisted so as to tighten the loop encircling the veins. This wire was very easily passed by thrusting it through a hollow needle (one of Dieulafoy's aspirator needles) and returning it through

Operation for Varicocele.

the same needle on the other side of the veins. The loop was tightened every day for ten days or more, but was so slow to come out that the veins were divided ultimately with a platinum wire heated by the galvanic battery. A bit of the silver wire forming a part of the loop, which had broken finally in an attempt to tighten it by twisting, was left in the wound, after the failure of all moderate efforts to recover it. The wound healed up over the little ring, which has not produced any inconvenience up to the present time so far as I have heard, (August 26, 1880) now more than four years. Some similar accidents with silver wire are detailed in the London *Lancet* (Am. Reprint) for May, 1877. One of these happened to Dr. J. C. Ogilvie Will in consultation with Professor Pirrie and Dr. Ogston, another to Mr. Redfern Davies, and a third to Mr. Barnard Holt. In all these cases like my own, the irrecoverable loop was allowed to main. In none of the cases were any after-troubles noted. So well satisfied was Mr. Holt, with the result of leaving the wire loop imbedded in the tissues, after the failure of all gentle and informal, or even justifiable means of recovering it, that according to Dr. Will, "he considered it was a practice that might be repeated with advantage.' With this opinion I am induced to concur, *provided no other mode of action is left to our choice.* My own patient is not aware up to this time that the bit of wire remains imbedded in the scrotum. During the section of the veins with the galvano-caustic wire, several phleboliths escaped. Others were felt in the enlarged veins at the base of the scrotum. The operation for the varicocele was entirely successful, and within a few months the patient married.

Division of the veins by the Galvano-Caustic wire.

Loss of a wire loop.

Phleboliths.

Translations.

Article XC.

FROM THE FRENCH.

Excerpts from Late French Journals. [Translated for the Journal.] By A. H. Ohmann-Dumesnil, A. M., M. D., of St. Louis.

Intra-Cranial Circulation during the Heart's Inactivity.—M. Franck has detailed to the Société de Biologie, an experiment which completely ruins the classic theory of Richet on the role of the cerebro-spinal fluid in cerebral anæmia dependant upon a stoppage of the heart. It is generally admitted that the liquid of Cotugno oscillates from the cranial to the spinal cavity, and inversely, with each cordiac revolution, thus filling the void produced in the skull during the heart's diastole and returning to the spine at the moment that the arterioles of the cerebral pulp are filled. Franck places an elastic ligature about the meninges of the superior part of the cord, and the heart being stopped, he finds by the aid of an opening in the skull, that instead of a retraction of the brain there is a tumefaction with intense congestion of the veins, and considerable blood-pressure. It follows that arterial anæmia is accompanied by nervous congestion; the void produced in the cerebral pulp by the diminution of calibre of the arterioles is compensated for by the repletion of the veins and not by an afflux of cerebro-spinal fluid.—[*Progrès Médical.*

Naso-Pharyngeal Polypi and their Propagation to the Brain.—Dr. N. A. Petit arrives at the following conclusions, from the cases he has observed:

1. Naso-pharyngeal polypi have a marked tendency to invade the skull cavity.

2. The diagnosis of penetration does not rest upon any certain sign.

3. Certain tumors in the neighborhood of the base of the

skull may have led to a supposition of perforation of the base, when there was nothing.

4. When it is feared that the skull cavity is invaded, all operative interference is interdicted until some important function is impaired, such as respiration and nutrition.

5. When an operation is deemed necessary, palliative treatment is to be employed, and only those parts of the tumor removed, which are the ones that interfere.—[*Revue Mens. de Lar. d'Otol. et de Rhinol.*

INSANITY IN A CHILD.—It is rare for insanity to manifest itself in early childhood. Born with extraordinary conditions of heredity, the child, suckled by its mother, was at the age of three, very impressionable, subject to violent fits of anger, striking its head against the walls. At the age of four it presented the characteristics of true insanity with melancholia and suicidal tendencies. There were hallucinations of sight, hearing and taste. The child is small, lean and little developed. It calmly describes the hallucinations under which it suffers, all the visions seen, and whose object is always to make the child kill itself. It cannot help crying because it has so many worries which it cannot explain, these troubles giving rise to a desire to commit suicide.

M. Magnan regards such precocious and complete insanity as remarkable, and attributes its completeness to heredity.—[*Jour. de Méd. et de Chirurg. Prat.*

DIABETIC ENDOCARDITIS.—Dr. Lecorché thus summarizes on this affection:

Diabetic endocarditis, which we have observed several times, shows itself more often in females than in males, (eight to six). We have only met with it in its chronic state, and only in cases of subacute or chronic diabetes. It only appears at an advanced stage of this disease, two, three and even more years after its inception. It is less the intensity of the glycosuria than its long duration which seems to help its appearance.

It is localized at the mitral orifice. We have only once seen it at the aortic orifice.

It shows its presence by a *bruit de souffle* during the first time and at the apex of the heart, by an irregular and intermittent pulse.

It is sometimes accompanied by atheroma of the arteries (two out of fourteen).

It precipitates the course of the diabetes and often brings on death, by provoking a more or less generalized œdema or ascites or by becoming complicated with acute hepatitis.

It seems to be due to the irritation of the endocardium produced by prolonged contact with blood altered by the presence of an excess of sugar.—[*Gazette des Hôpitaux.*

RESEARCHES ON THE BLOOD.—M. Pouchet has made new researches on the blood of the horse. It is well-known that if a solution of sulphate of magnesia be added to blood, it does not coagulate. This plasma mixed with sulphate of magnesia, is allowed to evaporate on a slide; an arborescent crystalization takes place; the sulphate of magnesia is dissolved by means of water, and there remains upon the slide the products of the plasma. He finds fusiform bodies, some in the form of a cross, and others grafted the one upon the other. He thinks that these are hitherto undescribed bodies which he will study still further. —[*Ibid.*

INTERCRICO-THYROID LARYNGOTOMY.—M. Krishaber formulates his conclusions as follows:

1. Intercrico-thyroid laryngotomy has over tracheotomy the advantage of an extreme facility of execution, on account of its two fixed guiding points, the thyroid and cricoid cartilages, and on account of the superficial position of the crico-thyroid membrane.

2. Vertical puncture of this membrane is sufficient, the integument being cut only to a short extent, to penetrate into the space with a canula *ad hoc.*

3. The operation may be performed with a bistouri or thermo-cautery. The latter is safer in regard to hæmorrhage and the penetration of blood into the air passages.

4. The thermo-cautory must be used at a dull-red heat.

5. The division of tissues, when the igneous method is used, must be effected by successive punctures and not by the linear method, in order to avoid radiating forms of eschars, which might induce secondary hemorrhages at their separation.

6. A canula with a beak dispenses with a dilator, whose employment would be well-nigh impossible in the crico-thyroid space. Thus the only point of danger of opening into the air passages is averted.

7. The indefinite sojourn of a canula in the crico-thyroid space does not alter the voice and produces no lesion of the cartilages of the larynx.—[*Ibid.*

Article XCI.

FROM THE ITALIAN.

Charcot on Spinal Localizations. (Paris 1878-1880.) Review by the Milan Hospital Gazette. [Translated for the Journal.] From *Il Pisani, Sicilian Gazette.* By Joseph Workman, M. D., Toronto, Canada.

This is the second part of the lectures given before the Faculty of Medicine of Paris by the great French clinician, on the localizations of diseases of the brain and spinal cord.

Though there yet are a considerable number of pathological states which evidently reside in the nervous system, but leave not in the body any appreciable material trace, or reveal themselves by only trivial lesions, with determinate character insufficient to account for the principal facts of the morbid drama (as true epilepsy, paralysis agitans, hysteria, even the most inveterate, chorea): yet, in the course of the last few years, the pathology of the nervous system has made valuable progress due for the most part to anatomo-pathologic research, which has been rendered more penetrating by the use of the perfected means of modern histology so that, as concerns the diseases of the nervous system it may with reason be said that the advances of pathology proceed hand in hand with those of pathological anatomy. Thus, for example, the affections called locomotor-ataxia (Duchenne) and the multilocular induration of the nervous centers or sclerosis in patches, were not known in their classic type unless when they were related to some respective cerebrol-spinal lesion. The regular type is rare; the abnormal forms are, on the contrary, frequent and numerous; they may be conjoined to a type from which they are clinically far apart, solely by means of pathological anatomy giving the leading clue.

But besides the purely practical scope, the study of lesions may to-day, with the concurrence of experimental data, furnish the basis of a rational physiological interpretation of morbid

phenomena, a scientific object not the least important among those prepared by the author of these lectures.

Whilst normal anatomy and experimental physiology have been able to distinguish in the medulla spinalis, only, 1st an axis of gray substance divided into anterior cornua, with cells called motor, and the roots of the anterior nerves, and into posterior cornua, where the roots of the posterior spinal nerves enter; 2nd a medullary mantle formed of nervous fibres, almost every where of longitudinal direction; it is divided into antero-lateral fasciculi, which are bounded by the anterior sulcus and the collateral posterior, and into posterior fasciculi which are bounded by the commissure and the posterior horns; methodical study of the pathological lesions has shown that the constitution of the spinal cord is really very complex.

There are lesions called systemic (Vulpian), which reside and are circumscribed, in certain regions,well determined, of the organ with interesting neighbouring regions. By means of these it has been possible to distinguish in the posterior fasciculi a part near the posterior sulcus, (the cords of Goll), from another nearer to the posterior cornua (the radical fasciculi of Pierret or the cuneform of Burdach); in the antero-lateral fasciculi, a fasciculus of Turck,or the direct pyramidal; neighbouring the median sulcus, a pyramidal crossed fascucli placed between the two cornua on each; and a cerebellar direct fasciculus placed between the base of the latter and the pia mater (at least in the upper half of the medulla spinalis). The region surrounding the anterior cornua (the anterior radical zone of Pierret the fundamental region of the lateral fasciculi of Hechsig) is the only one that as yet has been seen to persist in a normal state in the dissection made by disease in the antero-lateral fasciculi.

The study of the medulla spinalis of the newly-born (Pierret and Hechsig) has shown that this distinction corresponds to a true functional autonomy of these various parts. Whilst in the newly born, the rachidian bulb and the medulla spinalis are in general completely developed, their direct and crossed pyramida fasciculi are not yet so.

On transverse sections of the medulla spinalis the crossed pyramidal fasciculi are seen to diminish in diamater regularlly from above downwards, but principally in correspondence with the cervical and lumbar enlargements, whilst the direct pyramidal fasciculi can in general be followed as far as the half of the

dorsal medulla, sometimes only to the cervical region, but sometimes to the lumbar. It seems therefore, that the longitudinal fibres which compose these fasciculi are successively arrested along their course and from some data furnished by embryology they seem to be arrested in the anterior grey substance, with which they probably enter into relation with the grand motor cells.

These fasciculi are no other than the prolongation of the bulbar pyramidal (anterior pyramids) after their semi-decussation known under the name of the crossing of the pyramids. As regards this crossing, it has to be noted that it is subject, according to the observance of Hechsig, to numerous variations. The first type is the most common,and consists in the symmetrical decussation, each pyramid furnishing a fasciculus direct and another crossed. Sometimes, however, the opposite happens, and this disposal would explain the cause of direct cerebral paralyses.

(Note by translator.—What does the writer desire to be understood by the word *opposite*, as above employed? The opposite of *direct* and *crossed* must be simply *crossed* and *direct* but this cannot be the author's meaning. Perhaps it may be involved in the subsequent passages.)

The second type observed eleven times in one hundred is the total decussation in which the direct fasciculi are completely wanting. The third type, which was presented forty times in the hundred, may be called asymmetrical, only three precisely existing, that is, one pyramid only is divided into two fasciculi, one direct and the other crossed; the second pyramid, on the contrary, is totally crossed. It is important to remember this asymmetry which is continued in the medulla, in order that it may not, in certain cases, be referred to a pathological state.

In the protuberances, the continuations of the pyramidal fascicles are mixed and interwoven with the proper fibres of this part, but in the cerebral peduncles they are again united in two fascicles one on each side occupying according to Charcot the two middle quarters of the inferior plane or the foot of the peduncles. This localization also founded on pathological anatomy finds confirmation in the normal anatomy of the new born; as in this period of life the section of the inferior peduncular plane may be divided into three ligaments of almost equal dimensions, internal, external and middle, and only the

last has reached complete developement, contrary to what is verified in the medulla.

According to Hoehsig the pyramidal fasciculi may be followed beyond the foot into the depth of the hemisphere, occupying the knee or the middle third of the internal capsule, and then proceeding to terminate in the region of the grey cortex designated under the name of the motor zone, or Rolandic region paracentral lobule, superior extremities of the ascending frontal and parietal convolution) where the nests of pyramidal or giant cells, resembling the motor spinal cells, are found.

This inter-hemispheral passage of the pyramidal fasciculus has been confirmed by the chromologic facts established by Parrot in the brain of a child 17 days old, in which the middle or sub-Rolandic part of the corona radians was contradistinguished by the presence of medullated fibres; the fasciculi of the centrum ovale were presented in this part under the forms of two converging white tracts in the midst of a surrounding grey consisting of nervous fibres not yet medullated.

The first class of systemic or elementary lesions of the medulla studied by Charcot, was that of the so-called secondary degenerations, or those produced consecutively to another lesion for the most part by morbid foci primitively developed in the diverse parts of the nerve axis,—the brain properly, called the bulb, the medulla spinalis or even in the peripheral nerves. These may acquire a real individuality and to them may be referred the whole clinical history which accompanied the original disease. In this relation the secondary lesions most interesting are those which affect the system of the pyramidal fasciculi. They may be divided into three groups :

1st. *Secondary degenerations from cerebral causes or descending.* The focal lesion which produces such degenerations may occupy the brain properly called or the isthmus of the encephalon. In the first case, it is necessary that the lesion be situated in the knee of the internal capsule which may be called its pyramidal region or in the Rolandic region of the cerebral cortex and thus interesting also a portion of the underlying white substance or in the Rolandic region of the oval centre, without participation by the grey cortex. In the second case, it is necessary that the focus interest the path of the pyramidal fasciculi in the peduncles the protuberance and the rachidian bulb. As to the nature of the original lesion it suffices that it be destructive, that is,

that it shall produce in the part in which it becomes established, a real loss of substance at the expense of the nervous elements.

As a rule, the muscles of the limbs of the paralyzed side, in subjects taken with permanent hemiplegia from a cerebral cause, present only such atrophic alterations as very tardily result from the functional inertia to which these muscles are condemned: but it may happen that the paralyzed muscles undergo, at a given time, an atrophy more or less rapid, and present modifications more or less profound in their elective reactions, ordinarily, when a secondary degeneration of the lateral cord exists the nervous motor cell with which the terminal extremity of every pyramidal fibre is in a relation not yet well determined, resists in the ratio of its autonomy, the invasion of the morbid process and protects, so to say, the corresponding anterior root But in certain exceptional cases, under the influence of unknown conditions, the cell is, in its turn, atrophied and afterwards justifying the law of Waller the corresponding roots undergo degenerative disintegration. The ultimate consequence of the system of centrifugal nerves is atrophy and degeneration of the muscles to which the affected roots are destined.

2nd. *Secondary degeneration from a spinal cause.* These are consecutive to the foundation of some focal destructive lesion interesting the white fasciculi of the medulla spinalis, and they may be descending or ascending.

The descending are quite similar to those from cerebral cause, that is, they interest the direct and crossed pyramidal fasciculi through their whole extent below the point primitively injured. If the lesion be totally tranverse, the whole four of these fasciculi are degenerate; if it be partial they are so on only one side, but also frequently, though in a less degree, on the other side. This fact would induce the belief that there exists for the crossed pyramidal fasciculus a second one in the bulb (in the anterior pyramid) the other in diverse points of the medulla scattered over the entire height of the dorsal region and thus might be explained paraplegias more or less complete and paralysis of both lower limbs which are produced sometimes in cases of unilateral spinal lesion or cerebral focal lesions.

With respect to ascending degenerations the author first draws attention to the fact that both structural and the pathological anatomy have demonstrsted the mutual independence of

the fasciculi of Burdach composing the so-called posterior cords. The ascending degenerations interest these four posterior fasciculi and the direct cerebellar lateral fasciculi of the lateral ones; as, however the fibres which compose the last named seem to originate in the highest regions of the dorsal medulla, their degeneration is not produced if the focal lesion is seated in the lower parts of the medulla, or yet lower. The degeneration of these fibres which are of great length may be identified even up to the restiform bodies, and into correspondence with the cerebellum. The nerve fibres of the fasciculi of Goll are also of long extension and their degeneration may be followed from the lowest parts of the medulla spinalis even up to the floor of the fourth ventricle. On the contrary in the fasciculus of Burdach, consisting of short commissural fibres the ascending degeneration can be followed only for a very short distance.

[TO BE CONTINUED.]

Article XCII.

FROM THE PORTUGUESE.

Study of the Etiology and Nature of Beriberi. By Dr. A. Pacifico Pereira. Translated from the *Gazeta Medica da Bahia*, for the Journal. By Joseph Workman, M. D., Toronto, Canada.

[continued.]

The hæmatology of beriberi is one of the least studied points, though it is one of the highest practical advantage for the elucidation of the nature of the pathological process of the disease.

The analysis of the richness of the blood, the alteration in its morphological elements in quantity and quality, its capacity for the exercise of the essential functions of respiration and nutrition, are important objects, whose very difficult study is presented to all pathologists who desire to understand the nature and causes of the disease.

The old analyses of Scharlée and Schneider furnish the first elements for the hæmatology of beriberi. In his excellent article, presented in the Encyclopedic Dictionary, the distinguished Dr. Le Roy of Mericourt, thus summarizes the results of those analyses:

"The blood of patients attaked by beriberi contains much water, few solid elements, an excess of sulphuric acid, soda and calcareous and magnesian phosphates; a very small quantity of phosphoric acid, potash, fibrine, globules of albumen and extractive matters."

From this succinct exposition of the result of the analyses, it is seen that they are not sufficient for the clear exhibition of the alterations presented by the blood in its physical, chemical, and physiological properties. The examination of the blood made by Wernich, in his study of the Beriberi, or *Kakke* of Japan, (Virchow's Arch. vol. 71,) adds a new contribution to this important chapter of the pathology of the disease. The results of Wernich's numerous examinations are thus described in the interesting work here referred to:

"The blood of the patients affected with *Kakke* presents, when examined during life, and compared with that of a sound person, a less vivid color, a muddy red, but it is not remarkably watery. The abstraction of a large quantity of blood from a patient, in order to carry out a chemical examination, is held to be unwarrantable, since all loss of blood in this disease is considered extremely perilous. In our analysed specimens we did not perceive viscosity or any special odor.

"On microscopic examination the number of red globules did not appear changed, nor was that of the white globules augmented. The latter, when distinctly seen, presented nothing special. Among them, however, small scattered masses were observed, composed of very fine granules, in brilliant groups, of a pale red color, rather turbid, with a circumference over double that of the white globules, though, in rare occasions, less than these.

"It was clearly seen that the majority of these masses were not composed of agglomerated white globules. The red globules in the initial periods, and in the less accentuated cases of the disease, presented no difference from those of normal blood, examined at the same time, and under the same conditions, whether as to form or relative quality.

"In all the advanced cases of the disease, the size of each of the red globules was notably less than the normal. They frequently presented, in addition, in these cases, a stellate form, or that of a hedgehog (covered with small spiculæ), and without exception they appeared deprived of the property of being united in bead rolls, though the normal blood, examined in the same temperature and with the same serum, or the same sugared solution, did not lose this property, nor did it present the spicular globules.

"As these results were presented in all the examinations of the blood so clearly that I was able to demonstrate them with certainty, I considered the diminution in size, and the loss of force of cohesion of the red globules, as signal characteristics of *Kakké*, and the appearance of stellate corpuscles, or hedgehog forms, as a very manifest indication of advanced cases of the disease. All these small corpuscles of blood, even to the trivial dimensions of granulous detritus, were as distinctly seen as the red corpuscles, which are regarded as transitional between the white and the red globules, were never met with in the cases ex-

amined, neither were any cells whatever of extraneous organisms, vegetable or animal."

Having decided to study the changes of the blood in beriberi, I proceeded from June, 1880, regularly to examine microscopically, this fluid in all the cases of the disease which might come under my observance, whether in my own clinique or in those of my colleagues. I preserved notes of the examinations made in sixty-two cases, with microscopic analyses and experiments conducted in different ways and under diverse circumstances, in order to verify not only the morphological alterations of the constituent elements of the blood, but also the presence of elements foreign to its normal constituency. I shall now give in summary the result of those studies, so as not to fatigue the attention of the reader with technical minutiæ, so well known in this sort of work, or with repetition of the history of the phenomena, which, to be well appreciated, must be of frequent observation.

In the various microscopic analyses, I employed the lenses of Nachet, de Verick, and Hartnack, which give a magnification of 600 to 1,500 diameters, the latter being of great advantage in the study of some micro-organisms in the blood, and for the study of the more profound changes of structure noticeable in the globules.

Commencing with the study of the morphological changes of the globules, we remarked that the red presented various dimensions, and the majority of them appeared reduced in size, and had taken various forms. In many advanced cases of disease we observed that this change was unquestionably accentuated, the globules being, some discoid, some ovoid, others almost spherical, and many of them presenting the hedgehog spines, even in those cases in which the blood was examined whilst yet fresh, immediately after being drawn from the finger by the point of a needle. We studied with great care the alteration mentioned by Wernich, which I compared with the form of the spiculous globules, and I considered it a manifest indication of the advanced cases; the smallness of the globules and their cohesive defect, which causes them to lose their property of aggregation in bead rolls, I regarded as signal characteristics of the blood of *Kakke*.

The alterations mentioned by Wernich have not so absolute a character, nor are they so pathognomonic of the disease, but

they certainly are very noticeable in a majority of the cases. The phenomenon of shringking up of the globules, always observed when on the field of the microscope the serum of the blood commenced to dry off, and the protoplasm of the globules was altered by the perturbation of the osmotic currents which sustain the equilibrium of assimilation and dissimilation, an alteration which is here manifested by the wrinkling of the protoplasm, giving to the globules the appearance noted by Wernich, takes place very rapidly, and on a larger scale, in the blood of beriberics, than in normal blood.

Proceedings of Medical Societes.

Article XCIII.

ST. LOUIS MEDICAL SOCIETY.

Taken by the Journal's Stenographic Reporter.

Saturday March 18th, 1882.

Cases of Eye Affections.

Dr. Rosenthal.—I have been unable to prepare an essay, but I have some cases that are of interest which I will exhibit to the society and explain their nature.

Case I. This gentleman was injured by a fall on the 20th. of last January. He was pushed from the platform of a street car. He fell on his face and the ground being frozen, the fall produced quite an extensive wound. There is one cut extending from a little below the orbital process of the frontal bone, to about an inch above it on the forehead. It was simply a plain cut, I took away a spiculum of bone that same night; he also had another cut below the lower eyelid extending from near the inner to the outer canthus, across the margin of the lid. It was cut so as to leave the flap hanging; extending all the way from the inner to the outer canthus, with the flap turned out. I found that the lachrymal duct and canaliculi were cut into, and the wound was in a very ragged condition. It was late at night but I carefully cleansed the wound and stitched the flap back as nearly in the same place as I could. I introduced, I think, five sutures in the lower lid; but I put none along the margin of the lid. I didn't see the patient any more until the third day after the injury when he sent for me to call at his house. I found him in quite a high fever, the temperature being about 102°, with the symptoms of commencing erysipelas; at least so I thought. I called Dr. Borck in to see the case with me. He placed him upon iodide of potassium in five grain doses three times a day, and cooling saline cathartics; but from the severe inflammation, a portion of the flap sloughed away in

the canthus, and I had to remove that suture but the others I left for several days longer. You can see here the result was that the flap became adherent to the malar bone, and in fact I think it is fortunate that it did, because it acts as a kind of prop for the lid and holds it in position. I have attempted to introduce a sound through the duct but it has been impossible to enter it and I have no doubt that it was entirely cut through.

Case II. The other case Mr.——came to me last July. He had been in the hospital about two weeks, and when he came to me had a lachrymal abscess, and a stricture of the canaliculi, with severe inflammation. There was matter coming out of his eye in very large quantities; and the eye was very much swollen. He had both scleritis and conjunctivitis. The abscess opened and a fistula was formed through which I could introduce an ordinary sized catheter. There was a great deal of swelling which extended all around the eye. I never saw a case of lachrymal abscess in which there was so much swelling. The treatment was simply to keep the eye dilated and keep warm applications to the abcess. I can now introduce an ordinary number 8 sound in the canilículi and he tolerates the instrument with the greatest ease.

Dr. Pollak.—Both of these cases are exceedingly interesting. They are diseases of the lachrymal canal. The one on the right is an ordinary dacryocystitis, with the formation of an abscess; and when this has opened the trouble usually subsides. I have no doubt the case will get well without any further treatment. In the other case I have no doubt there will have to be a plastic operation performed sooner or later; the lower lid will have to be detached and a portion of integument put between the margin of the lid and the present cicatrix; and also, I presume it will be necessary to make an opening into the inner canthus into the lachrymal canal, as there must be a way for the tears to escape or else they will trickle down the cheek and cause erosion. All this is within the reach of oculistic surgery. The canalculi when once destroyed can never be restored; but we can make an insision into the lachrymal canal and in that way the canal can be kept open without difficulty and thus avoid the stillicidium that would otherwise be present.

Dr. Borck.—I will state that when I first saw this case there was certainly erysipelas extending all around the eye. But what

I want to call attention to is, this, as the doctor stated, I recommended iodide of potassium, I always use it in traumatic erysipelas. I think it is the best, and most successful treatment. In addition to this I give quinine; and in a few days the erysipelas subsides.

DR. LUTZ.—What did you use locally?

DR. ROSENTHAL.—I will state that we used nothing locally but warm water for the erysipelas; but later we washed the wound with a solution of carbolic acid. The flaps did not unite by the first intention, and I washed them off every day with a solution of carbolic acid. I put in about 20 drops of carbolic acid to a pint of water. I would close the eye carefully so as not to get any of it in the eye and then wash the parts with the solution.

DR. LUTZ.—I asked the question for the reason (and in this connection it might be just as well to discuss the treatment of erysipelas as anything else) that it has been my plan, on the theory of the septic and parasitic nature of erysipelas, to add to whatever application I use, and I limit myself to either hot or cold water, to make the water antiseptic with carbolic acid; and I think since I have been doing that, I have had better results than before. I am treating now a case in which I think the beneficial effects of carbolic acid in addition to the local application of warm water are being especially illustrated. The lady is about fifty years old, from whom, six months ago, I removed the right mamma for a scirrhus cancer, the wound uniting throughout its full extent by first intention. I thought I had removed all the enlarged glands in the axilla. I laid open the axillary space widely and was very careful in my search for enlarged glands: and yet, after six months exactly from the first operation, I found it necessary to remove enlarged glands from the axillary space. The woman being one of intelligence readily understood the necessity for the second operative interference, and at once submitted. She got along very nicely for two or three days, and then the wound began to assume an erysipelatous hue; and this rapidly spread down the arm and over the back, and then over the breast. In twenty-four hours after I first saw this hue I found the entire body almost, with the exception of the left side of the thorax, erysipelatous. She

being a strong woman I at first attempted to employ cold water properly carbolized, but I soon found that I would have to use warm water. This is my observation that cold water is best in the case of young persons and warm water in cases of elderly persons. Cold water is not well borne by elderly persons in these cases, but warm water has a very beneficial effect. Well I used in this case a ten per cent solution of carbolized water. I took cloths wrung out of this water, and then over these, I placed Mackintosh cloth to prevent the too rapid absorption. Well I found when I began to use this carbolized water that the spread of the erysipelas was checked, and the patient is making a very good recovery. I have had some very considerable experience in the treatment of erysipelas; and last fall I had some very unfortunate experience in my own family. My mother died from general erysipelas. This treatment was not instituted by her physicians. I at one time suggested it to them but they seemed loathe to accept it, and it was not done. She was an elderly lady, and the erysipelas began in her head and travelled down her face, then down the anterior surface of the body, and the anterior portion of the extremities. It then made its way backward up the back, and came back to the head again and down the face. Of course she succumbed to the long siege. But in my hospital practice, where I am in the habit of using this carbolized water, I have had less erysipelas than I had before I was in the habit of using it. I have not had a case of erysipelas in my hospital after operation since I have instituted the antiseptic treatment; and that is one of the reasons why I claim an advantage, in spite of the many authorities to the contrary, of the antiseptic treatment in many of its forms. It was first suggested to me by a paper read by Tillmanns before the German Congress of Surgeons, in which he cites many experiments, and which met with the approval of the congress, as did also his deductions drawn from these experiments. He declared erysipelas to be parasitic or septic in its nature, and if that should be the case no better treatment could be instituted than the antiseptic treatment. Nusbaum suggested that in the treatment of septic peritonitis, the local application be saturated with carbolic acid, or whatever antiseptic is used, as the antiseptic being absorbed it results beneficially to the inflammatory process going on about the peritoneal cavity.

DR. WILLIAMS.—I would ask what antiseptic remedy the doctor gives in the erysipelatous cases internally?

DR. LUTZ.—Quinine.

DR. WILLIAMS.—The world is going crazy on parasites just now. There is no disease that is not septic in its nature from the journals and the people's talk. It has not been very long since we had a new discovery made in Vienna by some young man who claimed to have discovered the syphilitic corpuscle. That was supposed to have been a parasite. It has not been very long since a man in Cleveland discovered the essence of malaria; that was also supposed to have been a parasite; and the beneficial action of quinine was supposed to have been because it killed this parasite. Now in erysipelas the doctor claims there is sepsis also; and as we can not have sepsis without a starting point, in what way does it begin in this case. In other words when you have idiopathic erysipelas, where is the starting point for the sepsis. It is impossible to have erysipelas spontaneously, there must be a cause for it, there must be a beginning. Now Dr. Borck gives iodide of potassium as an antiseptic remedy also, I suppose; but I can't see exactly where its antiseptic character comes in. Quinine is certainly antiseptic, theoretically at least, and I suppose iodide of potassium is also. I don't believe in this theory of sepsis in all diseases; and at some other time I will take occasion to say more fully what I intended to say last Saturday evening when that subject was sprung upon me. I will venture to predict that in a few years this sepsis theory will perish entirely.

DR. GREEN.—We have two kinds of erysipelas, idiopathic and traumatic. Then we have superficial erysipelas and phlegmonous erysipelas; but whether it is traumatic or not there is sepsis. Bilroth in his work on general surgery, years ago, before we thought of sepsis and antiseptics, expressed this opinion. I have found it so myself and all those who pay attention to the phenomena come to the conclusion that it is so. Traumatic erysipelas, I might say, is always infectious. It may be from the discharge, we may assume that we have sepsis here just as well as in any other wound. Why? Because we have wound fever, and this comes from sepsis. We have different kinds of infections as we have got a good many kinds of diseases

which we treat internally; typhoid fever, for instance, which is a disease due to anæmia, is considered infectious now. I think a good many cases of superficial, idiopathic erysipelas are of a septic nature, but not all. I have found in my practice that there are some persons, especially old ladies, who will have attacks of superficial erysipelas about every six months or year, and they are usually anæmic individuals, and by giving them a good diet the attack passes off. There are a good many cases of traumatic erysipelas, even, that are of a septic nature; and that is the reason that the tincture of iodine used externally, does good; it is because of its antiseptic nature. A good many remedies that we used to apply without knowing why they did good, we know now it was because of their antiseptic properties.

Dr. Williams says that quinine is antiseptic theoretically. No, doctor, it is not theoretical. If you take a piece of meat that has become putrid, and pour some quinine upon it the smell will disappear in a few minutes; that proves the antiseptic property of quinine. A good many authorities say it makes no difference what kind of disease we have, if the temperature rises very high, there is sepsis—there is infection. I think that carbolic acid, iron or glycerine are efficacious in the treatment of this disease because they are antiseptic.

Dr. Rosenthal.—I have very little more to add in regard to the cases. As regards the antiseptic treatment I will say that I used antiseptic treatment in both cases. In the case of the man who was injured by falling from the car, I used antiseptic washes, carbolized water, and I also used antiseptic gauze in three or four folds to keep the light out, and the wound was closed antiseptically. I put a fresh dressing on every day during the prevalence of the erysipelas. I attribute the success in retaining the flap to the antiseptic treatment; and I attribute the success in the case of the fistula to the antiseptic washes and dressings.

Dr. Rowland.—In view of the results obtained I will take the liberty of stating some of my experience in the treatment of erysipelas, in regard to the local application which I have been using for a number of years with a great deal of satisfaction. The treatment suggested itself to my mind first many years ago when called to see an infant where the erysipelas commenced in the face, and had been treated by another physician for several

days. He was using nitrate of silver, as was then customary, trying to surround it with a ring. I think he had also used some iodine. I saw that the erysipelatous inflammation was extensive and the child was young and tender, and that, notwithstanding it had been my custom to use the same remedies, if I expected to save my patient I would have to look up something else. In doing so it occurred to me that an application of acetate of lead and oil, making a kind of saponification (the oil I refer to is olive oil) would be a good application to exclude the atmosphere. I made the application and was very much pleased with the results; and I continued to use it. I made it by taking acetate of lead, Goulard's extract, in a very concentrated solution, and mixing it with the olive oil when we will have a creamy saponified oil. I used this very extensively during the late war, as a local application, and never had cause to change the application except to add carbolic adid, during the last ten or twelve years. I use, say to the ounce of sponified oil, two or three drops of carbolic acid. I will state further that I have recently been well pleased with vaseline as a snbstitute for the olive oil. I had used previously the acetate of lead in a solution of water, and I found that it didn't produce as good an effect; it dries out too soon. I have used the carbolized glycerine in water, and I found it to be a good application, but it is not as good as the other application. I was called to a lady sixty-five years of age, some twelve months ago, in whom the erysipelas commenced about the head, and had prevailed, when I saw her, three weeks. It had gotten down below the umbilicus; on one side it had gotten down to the hip, nnd was travelling downward. She had been under the treatment of a reputable gentleman. I didn't learn what he had used exactly. But the erysipelatous inflammation was very extensive and was still travelling downward. I used this local application with the treatment usually given. I used quinine and iron freely, which is my custom, and the erysipelatous inflammation very soon became modified to such an extent that she was much more comfortable; in fact, she was irrational when I began to treat her, but she gradually improved, and while it had finally extended to the toes, she gradually improved and made a good recovery. In that case I used the carbolic acid a little stronger than usual, and there seems to have been a more septic condition of the system in her

case than in many others that I have treated, and in her case I used it as strong as I felt at liberty to. I give this to the society simply as my experience. I don't know that I have heard of any one who has used this remedy just as I have used it. I wish to lay some stress upon the manner in which the acetate of lead and olive oil should mix, or the vaseline, which is equally good. If it doesn't produce a beautiful creamy substance, it isn't properly mixed. I recently wrote this prescription and it was sent to a very good druggist, but the result was not a good mixture; he had not triturated the vaseline to a sufficient extent. An ounce of vaseline will take about one drachm of Goulard's extract of lead, which is equally good in my judgement.

Dr. Dudley.—I want to ask whether the prime object in the use of these local applications is not to exclude the atmosphere?

Dr. Rowland.—In using the oil the atmosphere is most effectually exluded, without producing a coating that is difficult to get off; consequently it is more cleanly than any other application.

Dr. Jordan.—There is a remedy which I have not heard mentioned, which I have used with a great deal of satisfaction; and I think, as Dr. Dudly says, the chief object in the use of these applications is to exclude the atmosphere, as the atmosphere has an irritating effect on the skin. I have found that by making an artificial skin of collodion, we can exclude the atmosphere very nicely. Of course, this must not be put on very thickly. We can take a camel's hair brush, and coat the part with a thin layer. I remember treating a child nineteen days old, in which the disease appeared on the nose and spread to the fontanelles, and to the chest and it was going to the ends of the fingers. I followed it along with this application and the child seemed to have no trouble. I gave one or two drops of muriated tincture of iron well diluted. The child got well and when the disease had passed away, the child's head looked like a peeled onion. It is very easily removed, by applying oil to the artificial skin you can remove it very readily. I have no trouble myself in treating erysipelas, at least in keeping the burning sensation down with this application. Of course I use other remedies such as large doses of muriated tincture of iron and quinine.

DR. MEISENBACH.—I have tried all the remedies used for erysipelas and I don't know that there is one that I should prefer. The local remedies are used: First, for the exclusion of the atmosphere, and; Second, for their astringency upon the parts. There is no doubt that collodion has the effect of contracting the capillaries of the parts to which it is applied. I think astringency is one of the prime factors of carbolic acid in its local effects upon erysipelas. If we take a 20 per cent. solution and work in it we find the hands after the operation markedly constringed. There is a numbness and tingling, and you find the skin corrugated. If you use collodion the same action takes place. I think that our main dependence in the treatment of erysipelas must be the constitutional remedies, whether it be quinine, iron or carbolic acid. If there are any remedies upon which I would place my dependence in treating a case of erysipelas they are quinine and iron. I distinctly remember a case occurring in my practice of an infant nineteen months of age. The erysipelas began in the neck. There was first an excoriation such as may often be found in infants in the summer time. This gradually became erysipelatous. I gave the muriated tincture of iron, simply using some unguent to exclude the air. The erysipelatous inflammation traveled the entire length of the body, and then gradually the epidermis peeled as the inflammation receded. I think, in the great majority of these cases, especially of infants, we can do very little except administer internal remedies. In the matter of local applications, one physician becomes accustomed to one remedy and another to another. The principle of their action I think is very similar. I recollect a case of phlegmonous inflammation that occurred from the amputation of a leg. The only remedies used were quinine and iron. The case had progressed so far that external applications were out of the question altogether. The whole cellular tissue through that portion where the amputation had been performed, up to the hip joint, was a thickened mass of matter. Abscess after abscess formed among the fascia of the muscles and were opened as rapidly as they formed. The man underwent that siege for four months, and it was only through the most strenuous efforts on the part of the attending physician and the indomitable energy and will of the man, I think, that he came out all right. There is one suggestion I would make in regard to the use of ether and

collodion, and that is I think the addition of a few drops of oil make the application more consistent and improve it.

Dr. Jordan.—I might say that I am in the habit of using a few drops of oil in it.

Dr. Pollak.—I have seen that the application of collodion in erysipelas resulted in sloughing. I have seen it repeatedly—a dozen times in my life. I remember having seen the scrotum slough away from this cause. It is not elastic enough. I am afraid to use collodion. I have not used it for a long time, and will never use it again. I have seen it in hospital as well as in private practice.

Dr. Jordan.—With all due respect for Dr. Pollak's opinion and observation, I must say that I have used it very frequently and I have never seen a case of that kind slough. I don't know what has been the experience of the gentlemen in the use of it, but I have used it repeatedly and I have always had good results. Of course, I believe in the internal treatment; that is, large doses of quinine and muriated tincture of iron are necessary.

Dr. Love.—I think the sheet-anchor in erysipelas is the constitutional treatment. I believe in giving heroic doses of quinine and iron: teaspoon doses of muriated tincture of iron every two hours, and ten grains of quinine every three or four hours. Get them freely under the influence of it. I believe every case of erysipelas can be parried if treated in this way. So far as the local treatment is concerned, I take it that erysipelas is an irritation of the skin and should be treated the same as a burn. The best application is an emulsion of equal parts of olive oil and lime water. The alkali relieves the pain, and the saponified mixture, so to speak, produces a perfect covering from the air; and five drops of creasote added to this is beneficial. We have had for years and years all sorts of local applications, poultices of flour, silicate of soda, collodion, etc., for the purpose of excluding the atmosphere. Silicate of soda and collodion exclude the atmosphere, but they also produce an irritation. I remember a patient who has had a dozen attacks of erysipelas during the last ten years. I have treated that man with silicate of soda, etc. The last three or four times I simply used a soothing emulsive application very nearly the same as Dr. Rowland recommends, and the patient said to me: "Never use anything else but

that." It produces most perfect comfort. I saw the recommendation some time ago of the saturated solution of soda as an application in case of burns to relieve the pain; and I believe that if there is much local pain in erysipelas, simply covering the part with oil or vaseline would answer every purpose; possibly a little creasote might be added with good effect. I think silicate of soda and collodion are too irritating.

DR. CRONIN.—I am really interested in what I have heard this evening, but it strikes me that Dr. Love is the only one who struck the rationale of this treatment. There is in erysipelas a condition that is self limiting, The disease will pass away without any treatment. But while that is true of the disease primarily, sometimes the local congestion extends to the capillaries and now any remedy that will cure that congestion and reduce the inflammation of the parts, will really accomplish what we desire. For example we have bicarbonate of soda, a remedy which I have tried extensively in this condition—that resulting from vaccination. Many of the gentlemen have had experience in such cases. I have seen probably two or three hundred cases resulting from vaccination in the schools and elsewhere, where there is a phlegmonous condition of the parts adjoining the point of vaccination, usually of a more or less superficial nature. By applying the bicarbonate of soda, a chemical action takes place and we find that there is an acid reaction. Dr. Rowland accomplished nearly the same thing by combining an acid with oil, forming a saponified mixture. The oil not only neutralizes the acid in the mixture, but that of the part. I have been very successful in the use of soda. I give it internally in teaspoonful doses and it accomplishes wonderful results. But nine-tenths of these cases are limited.

SATURDAY March, 25th. 1882.

Improved Comedone Extractor.

DR. OHMANN-DUMESNIL.—I wish to present an instrument. This is intended for the extraction of comedones. As we generally find these instruments devised, there is only one hole. I have had two holes made in this one, one small and the other

larger; because, if the comedone is small the hole should be small, as upon pressure it will force out the plug much better than if it were larger; and we can use the large sized hole for the larger

Fig. 9.

The ends are drawn twice the natural size for the sake of greater clearness.

comedones. You will see the edges have been rounded in order that the skin may not be injured; and the holes are also conical to permit a free escape of the sebaceous matter. This instrument was made for me by Mr. Pelgree, of this city, and I have found it to work admirably.

On Modern Methods of Anatomical Research. By A. C. Bernays, M. D.

In the life of science there are changes and transformations. These are ordinarily regular, but sometimes during a number of decades there seems to be a striving for a revolution, or a change which eventually takes place in a few years. Even should we consider progress in the life of science to be merely an accumulation or an addition of experiences and facts, an effect upon our previously acquired knowledge can not be denied. Therefore, the change is not only one of quantity but also of quality.

The younger a science is, the more numerous and manifold are the criticisms which are passed upon it. Some never advance from their ancient standpoint, others overlook only a very small portion of the new science and still others, enthusiasts, give it too large a field.

Let us look upon anatomy as the science of the connection existing between the different forms of organisms. In so far as anatomy teaches the structure of organisms, their composition of different organs and the elements of the organism, its method is analytical. The results of the investigation, *i. e.*, the immediate, result of the analysis is exhibited by description. The descriptive stage concludes the first condition of all research. We cannot consider the end and aim of our research to be attained by description. In some cases the end is apparently reached, viz.: if our object was only the knowledge of an organism for any practical purpose. This is the case with human anatomy, the mission of which is principally to assist practical medicine and other allied disciplines.

It is evident, however, that a mere description of facts observed cannot be the highest aim of science. What would be the gain if anatomy simply described the structure of every animal and every organ by its form, its weight and its density? Would we thereby gain any sort of understanding for these manifold phenomena? This method of merely discovering and describing facts achieves no other end than the accumulation of infinite material which cannot be mastered by the judgement but only by memory.

However, we must not fall into the error of underestimating the value of a firm empirical basis; but let us not overestimate it by making it the exclusive aim of science.

This aim can only be reached by a logical synthesis of the purely empirical results and *when anatomy makes this its object* it becomes a science.

By the anatomical examination of an organism or an organ in its *relations to others*, we widen our views. Our object appears in a new and different light from that in which it appeared when examined and described by itself. Anatomy is changed into comparative anatomy by this process of the mind: it compares, *i. e.*, it hunts up similarities, and by proving similarities in different organisms, brings them into relations with one another. Many erroneous notions are current concerning this discipline. It is a popular belief that anatomical work upon animals (Zootomy) is comparative anatomy, as opposed to human anatomy, (Anthropotomy). But wherein does the anatomy of a bird or a worm or a reptile differ from human anatomy excepting in its object of investigation?

The anatomical examination of a reptile is just as well within the field of anatomy as the examination of the human body. But the anatomy of animals, no matter of how many different ones, is not comparative anatomy. It only becomes comparative, when conclusions are drawn from the description of facts, which themselves are only premises.

Modern anatomy has made this process of critical comparison its principal method of investigation. This method must be handled with the greatest care, by considering all circumstantial facts, and using them logically. Without a logical and critical proceeding this comparative method is worse than useless. A good example of unscientific comparison is the well-known instance of comparing ventral marrow of invertebrate animals

with the spinal marrow of vertebrates. Here the most important facts are ignored, and general irrelevant circumstances are considered conclusive. The course of the ventral marrow along the sides of the body and the regular distribution of nerves to the consecutive articulations is observed, but the fact that the spinal marrow is dorsal, whereas, the ventral marrow is not, is disregarded. It is also known that the spinal marrow and the central organs of the nervous system are developed out of the ectoderm or the upper layer of the germinal plate. The representatives of these organs in invertebrates are the pharyngeal ganglia which are also developed from the medullary plate of the ectoderm. This example is an illustration of the false paths upon which we may be led by disregarding the most important relations, and we recognize the necessity of critical comparison.

Another simple example may be given to demonstrate the difference between the so-called descriptive anatomy and the comparative or critical anatomy. I will give it also to show the modern method of anatomical research.

The absence of movable ribs in the cervical portion of the vertebral column of mammals distinguishes it very markedly from the following or thoracic portion. A second peculiarity is found in the perforation of the transverse processes by what is called the *foramen transversalium*. This foramen distinguishes the cervical vertebra from all others. So common anatomy teaches. Proceeding now with our critical examination of the transverse processes of the cervical vertebræ we find a difference between them and the thoracic vertebræ aside from the perforation. We see that in reality, only the dorsal portion of the process corresponds to the transverse process of the thoracic vertebræ. Looking at the connection of a rib with a thoracic vertebra we remark that the vertebral end of a rib appears almost exactly like the anterior portion of a transverse process of a cervical vertebra and in the connection of a rib with its vertebra a foramen is formed which appears very similar to the foramen transverse of a cervical vertebra. Furthermore we remember that sometimes the seventh cervical vertebra is minus an anterior portion of the transverse process, which is represented by a movable bone, different from a pectoral rib only by its lesser length. Thus we have arrived by our comparative and critical treatment, whichwas by no means exhaustive, at a number of points toward a new view,

differing very much from the one above expressed. We can no longer describe the transverse process of the cervical vertebra simply as perforated, but we will only consider them as transverse processes so far as their posterior portion is concerned and we will declare the anterior portion to be a rudimentary rib, which has been blended with the transverse process and the body of the vertebra. This interpretation places the peculiarities of the cervical vertebra in consonance with the rest of the vertebræ; it accounts for the foramen transversalium and it enables us to understand the exceptional condition, where we find a movable rib upon the seventh cervical vertebra. All these things, by the old way of examination, were unintelligible, that is, they appeared as peculiarities without reason. This interesting instance shows how the critical method leads us to scientific results, when confined to one organism.

The cardinal point of our subject lies in the manner in which we look upon the world of organisms. We may regard each single organism as independent of the rest, each the result of a separate act of creation. I cannot now enter upon the question, whether or not it is proper to deny the solidarity of the world of organisms, which is being made more probable by new facts every day.

If I choose to follow out the instance above given of the cervical ribs in man by comparison with lower vertebrates, our notions will again become more precise and clearer in a different way. Even in reptiles we see movable ribs on the cervical portion of the vertebral column. In birds, only a small portion of them remains movable, and if we descend still lower and examine fishes, we find scarcely any difference between the cervical portion of the vertebral column and the posterior portions.

Let us suppose now, as is indicated by numerous conditions, that in the ancestral line of mammals, fish-like organizations must have existed, and let us furthermore reflect, how in the ascending scale by gradual differentiation of the vertebral column a retrograde process is noticeable so far as the ribs are concerned in its anterior portion, in such a manner as to make the head more movable and we will be more enabled to deduce those rudimentary ribs of mammals from originally well-developed ribs. They are therefore now well understood in all their relations.

Dr. Bernays then gave several more instances illustrative of the critical and comparative method of anatomical research. These most interesting remarks were demonstrated upon the blackboard by numerous diagrams and drawings. Not being able to produce these drawings here, the remarks would be unintelligible and must therefore be omitted.

DISCUSSION.

Dr Borck.—Dr. Bernays mentioned the fact that he used carmine to inject the artery; mercury answers the same purpose; it shows the little vessels quite as well as carmine.

Dr. Hurt.—I do not rise to criticise the views of my young friend. I think the paper does him a great deal of credit. The facts are indisputable, but the inferences drawn are not quite so conclustive. It has suggested one thing to my mind very forcibly; that is inferentially. I can see very plainly how it is that a monkey has a tail, and how a man is so nearly related to a monkey that he is a monkey with his tail tucked up. The analogy and the relations supposed to exist between living beings are very interesting, of course; but it has always occurred to me that in making out these relations between the different species we were obliged to draw more or less upon the imagination. We are not able to say what has become of this plexus of blood-vessels in the young frog after his tail has dropped off. The doctor omitted to explain that.

Dr. Bernays.—The example I referred to of human anatomy, of the cervical ribs is probably the best example to prove the point, namely: that anatomy becomes a science only when it is treated in a comparytive and critical manner, and that as long as it is considered the housemaid of surgery and medicine it is not a science. You see how clearly I showed how the foramina transversalia could be accounted for, which, without this comparison, was unaccountable.

Dr. Fairbrother.—As I understand the subject of this paper, it is not, as Dr. Hurt and some other members seem to infer, to connect us with the lower orders and show our lowly origin; although these several points do that incidentally. The subject of the paper, is to bring into prominence the value of comparative anatomy over mere descriptive anatomy.

Dr. Williams.—Dr. Bernays' paper is certainly very inter-

esting; but there is one statement that he made which it seems to me is objectionable. He refers to the lower order of beings and states that fishes have ribs from the occiput down the whole length of the body, and that higher in the scale of animal creation the first ribs disappear; as for instance in man there are no ribs corresponding to those on the neck of the fish and the doctor claims that this is a retrograde process; it is an advance It certainly is an improvement because it gives more freedom in the movement of the head.

DR. BERNAYS.—It is certainly a retrograde process; our early ancestors must have had ribs up to the occiput, because in man we have rudiments of those ribs. You do not speak scientifically when you say it is advancement. It is a retrograde metamorphosis a falling away of ribs on the cervical portion of the vertebral column. It is advancement teleologically speaking.

DR. MAUGHS.—I did not hear Dr. Bernays' paper but it was no doubt interesting and profitable; and indeed comparative anatomy is necessary to an understanding of human anatomy as we find that most anomalies that are present in human beings are normal types in animals below in the scale and are not unfrequently simply an arrest of development, or a reversion to the original type. The great Cuvier says there are four original types: the articulata, mollusca, radiata, and vertebrata; and it is an utter impossibility to make one out of the other. If you take a vertebrate, no matter how low in the scale, you can develop it into a man; but you can never make a man out of an oyster; and you cannot make a man out of a star-fish if you develop to all eternity. It is a fact that there is no possibility of transmuting these four original types. If we take a class of vertebrates we have no difficulty in developing all the other species in the scale and even man, it is simply a process of differentiation; special acts instead of the more general organisms of lower formations. You may develope man from a frog, and the development is not due to the imagination; it is simply a matter of science. You can transmute the species; embryology shows the very close relation between them. For instance, in the human fœtus of six weeks we have the brachial arches and the heart as we have them in the fish. And there is a very remarkable resemblance at the sixth week between the embryo of

a turtle, a chicken, a dog and a man; and you will find the brachial arches developed the same. The resemblance is remarkably close between the dog and humanity and it is only after the sixth week that the seperation becomes distinct by the process of differentiation whereby the organic law of special genetic and generic force developes either a dog or a man as may be the origin. The embryonic stage of the subject shows that it is not a destructive metamorphosis—a retrograde metamorphosis—in these cases, but simply a change of structure according to the change of functions or a change of functions according to the structure controlled by the type force from which it originates. We find some remarkable resemblances in the embryo, for instance, between the fish and the dog and the man. It is very difficult to distinguish between them at a certain period; they all look as if they were intended for an aquatic existence. Humanity goes below the adult state of the lower type. They stop in their progress at a point where humanity passes through. As we pass lower in the scale we can readily determine this. Embryology does not teach that there is a retrograde metamorphosis so much as it teaches that certain animals are developed beyond those lower in the scale. Thus serpents have ribs the entire length of the body, fish also have ribs from the occiput to the tail; in humanity you have a type that goes beyond that, it is not a retrograde metamorphosis. Instead of the continuous ribs which would be useless there are the lineæ transversæ which cross the abdomen. Man has the ribs of the serpent represented by long transverse lines. Then he has a cæcum which is the rudimentary second pouch or stomach of the ox. There is a time when the embryo of humanity represents a fish or a serpent and if arrested in its devolopment it would resemble a serpent or a fish. There is a time when the embryo of humanity, if arrested in its devolopment would represent an inferior animal a lower type according to the class through which it was passing at the time of the arrest. We frequently come across cases of such arrest of development. Dr. Todd. some time ago in making a minute dissection of the throat of a child found an abnormality of some of the muscles of the throat; it was a peculiar condition of those muscles which one of the most learned anatomists might have overlooked, but Dr. Todd being a specialist and dissecting for a certain purpose noticed it: some

time after, in dissecting a monkey that had died at the Fair Grounds, he met with the same condition, and he found that it was a normal condition—absolutely the normal type of the monkey. This anatomical peculiarity was simply an arrest of developement. We see that some organs are rudimentary, such as the mammary glands of the male. It is not a retrograde metamorphosis, but an arrest of development.

DR. DUDLEY.—Before the doctor takes his seat I would like to ask him whether he has any theory as to the cause of the arrest of developement which occurs so frequently among the human species.

DR. MAUGHS.—No one, probably, can give a cause for all these occurances. It is simply a type force that exerts itself; it may be at the time, or subsequent to conception. I think I can illustrate it very clearly as it occurs in some cases. When stock growers see a horse with the marks of the jack running down the back, a dark stripe upon either hip, they tell very readily that the mother had a mule colt the year before. It is well known that a woman sometimes retains the impression of a former husband; and it not infrequently happens that the children of the second husband bear the peculiarities of the first; this is owing to a profound impression, stereotyped into the genetic force of the mother by the first father. There may be no disturbance of the circulation; this may be the result of a strong mental impression made upon the woman—a permanent, lasting impression made upon the blood and tissues. The close connection existing between the mother and child; the vascular and nervous connection, makes it possible for her impression to result in an arrest of dedelopement of a child. Now while it is a fact that most mother marks and monstrosities in the world occur from causes that cannot be determined, there is no doubt that some of them are in accordance with popular beliefs. Before Dalton published his Physiology I wrote an article—that is some thirty years ago—which was published in THE ST. LOUIS MEDICAL AND SURGICAL JOURNAL, in which I stated my belief that a strong nervous impression of the mother might produce an arrest of the developement of the fœtus. There may be a reversion to a former type. Then again a great deal may result from the manner of feeding. For example the bee is an instance which shows how much may be done by this means. If the bees wish to raise a

queen, they feed the young on delicate food—the nectar of the Gods. If they wish to raise working bees they feed it on the less delicate food; if they wish to raise the worthless drone they feed it on grosser food. We cannot exactly modify a man in that way; but we can change his condition very greatly; and while we cannot absolutely make as great a difference as the bees do, if we take the tens of thousands of years during which he has struggled for existence—and it is impossible to count the periods—it is possible to conceive the developement of the mental and physical structure from a man-like monkey to a monkey-like man. Take for instance some of our standard hogs weighing 400 pounds; they originally came from the wild boar; so it is with our Durham, short horned cattle; they were developed simply by artificial selection. What we do artificially in a few generations, nature had done in hundreds of thousand years by natural selection. We look upon the world somewhat like an ephemeral May-day fly would, that is born in the morning is middle aged at noon, and reaches an old age at sunset. It would say "man lives eternally the same; some are infants in their mothers' arms, some are grown men,and some of them are boys running around. Everything exists eternally without change because I noticed it just so when I was born a way back when time itself was young, this morning; when I was just coming into existence I noticed that humanity was that way, and now I am ready to die of old age, and they still remain so, therefore they never change." The 4000 or 5000 years of which we have an imperfect history bear no more relation to the times gone before, than the existence of the May-day fly bears to humanity.

Dr. Fairbrother.—As I understand Dr. Dudley's question he referred to the arrest of developement. I should not undertake to answer it for Dr. Maughs, but if I did I should say that it was owing to the law of supply and demand. If there is no demand for ribs in the neck they will disappear under this law just as they will appear under it. If there is a demand for a hard hand—an increased developement of the cuticle on the palmar surfaces—that developement will take place. If there is a demand for long finger nails for climing, we will have a developement of long finger nails; and so on throughout the whole animal evolution. If there is a demand for a hard shoulder on a horse, the use of the collar will result in its developements.

DR. WILLIAMS.—According to Dr. Fairbrother's idea all that will be necessary to convert a man into a bear would be to send him into the woods and compel him to climb trees.

DR. MAUGHS.—I regret that I didn't know the subject of debate. I am not in the habit of thinking upon my feet. I have never been accustomed to it. When I lecture I always know the subject in advance, and therefore I am not like a man who is in the habit of extemporaneous speaking. I am in the habit of thinking in my chair or on a lounge. The subject which Dr. Bernays has chosen is very interesting and one about which a great deal can be said. I can't suppose that a man would become a bear simply because he had a few trees to climb; but there is no doubt of the possibility of developing higher forms of life out of lower. We have every link between the serpent and the duck. The great Cuvier could find no link between the ox and the horse, but we have that link now, it is the Hipparion. When the world was an illimitable ocean of warm water with only a few elevated places, the whole probably swarmed with serpents; nothing greater than that existed, but as the waters gradually subsided higher forms came into being. I have no doubt that 500,000–600,000 years ago humanity was struggling with the cave bears for a precarious existence and, on account of the greatly superior strength of the latter, would undoubtedly have gone under in the struggle but for the fact that he could communicate his thoughts to others; which was not possible with the cave bear, the odds might have been against him. It was possible for the man to go to his neighbors, who were scattered around over a hill range perhaps, and say to them on such and such a day we will attack cave so and so, and if his only weapon was a pointed stick, it became a formidable weapon against these animals by virtue of the joint action of many. Many species of animals have disappeared from the earth altogether. The Dodo has disappeared so that its existence was doubted—it was looked upon as a fabulous bird. 300 years ago when the island of Mauritius was discovered the sailors found the island swarming with this uncouth bird—they covered the whole island, and were so lazy or stupid that they could not get out of the way, they did not try to get out of the way and the sailors took sticks and killed large numbers of them. These birds are now extinct, they could not withstand the attacks of

men and dogs, and it was even doubted that such a bird had ever existed until a stuffed one was found in the British Museum. This is equally true with humanity. The Caucasian race is gradually crowding out the other types of humanity, and the time is coming when the lower types will cease to exist. The Indians are disappearing very rapidly and the time is rapidly approaching when there will be no red men. Our children will see the last of the red men. Changed environments without change of structure necessitates decay and men and dogs alike must yield to this, the inevitable.

Dr. Dudley.—I didn't intend to discuss this subject. The gentlemen who have spoken upon this subject have taken it for granted that these results follow from an arrest of developement, and when I propounded the question which I did to Dr. Maughs I referred to such cases as Dr. Bernays spoke of and which were drawn from comparative anatomy. Dr. Maughs also spoke of a case which one of his colleagues met with in dissecting the neck of a child—a peculiar condition of the muscles which he considered abnormal and that he afterwards found to be a normal condition of the muscles of the neck of the monkey. The doctor has given us an interesting discourse but he has not answered my question, or at least not the question I had in my mind.

It seems strange to me that gentlemen will take refuge behind this doctrine of arrest of developement. That from the lower species to the higher there has been a great improvement all admit; but it seems strange to me that whenever we have what is called an arrest of development of the human species, from the earliest history that we have of man up to the present time, it has been looked upon as abnormal and a retrograde from the present status; and yet we have no history whatever to show that man has ever retrograded and fallen below the human species.

Vesical Calculus.

Dr. Bernays.—If no one wants to speak any more on this subject I have something here which will set the gentlemen talking, telling of the large stones they have extracted from the bladder. I have one here which is of rather a peculiar shape which I took this morning from a young man twenty-two years of age. It is a mulberry shaped stone probably consisting principally of oxalate of time. It weighs two ounces.

SATURDAY, April, 1st. 1882.

Observations on Surgery in Children. By Edw. Borck, M. D.

MR. PRESIDENT.—I have chosen this topic, because it is an interesting and practical one. Some surgeons and teachers of surgery maintain that surgery is surgery no matter whether manifested in the child or adult. This I admit is true as far as the meaning of the word itself is concerned. I contend, that when we come to practical points, and have to deal with disease, and injuries of bones and of the soft parts, though they may be the same *kind* in the child as in the adult, still we will meet with vast differences in symptoms, diagnosis, prognosis, and treatment; and will find we have to encounter and overcome many different and difficult points.

The diseases that exclusively belong to children are few; the greatest majority of them occur at all ages; but every physician knows that the symptoms and the course they run, is greatly modified by age. Does this not hold good in surgical affections; Do we not find here differences in degree? Does not the peculiarity of constitution, at different ages, influence injuries?

The question then naturally arises, what constitutes surgical diseases of infancy and childhood? Answer:

1. Congenital malformations and deformities, of which class orthopedics offers the largest field.

2. Those acquired of which the separation of the epiphyses are met with in children only. Others, such as dislocations, fractures, burns, etc., etc., can take place at any age; the latter two, however, are of more frequent occurrence in children than in adults.

CONGENITAL MALFORMATIONS AND DEFORMITIES.

Of this class many require immediate surgical interference; while others again may be deferred to a later period in life; but the time of seeking the aid of surgery is often put off unnecessarily long. Of this class, the majority, if curable or remediable at all, can be cured or remedied much more readily and successfully in early infancy; for, if without any good reason, postponement is practiced advantages will be lost which the child possesses over the adult. To illustrate, take

Web Fingers.

I know a family, in which, four of the growing up children, have each the middle and ring-finger on both hands webbed. The oldest child, when an infant, was taken to one of our well-known surgeons of the past, who recommended postponement of the operation. The patient was taken there, time and again, but still, the time for interference had not yet arrived. "Wait, until the child is more completely developed, you can do nothing with a baby." Three more children were born, subsequently, having the same deformity. With all, the waiting plan was practiced, and now all four have distorted and contracted fingers. I doubt very much, if these unfortunates were to be operated on to-day, if the result of the operation would be much of an improvement. Such was the honest opinion of some who have passed into that realm from whence no one returns. By experience the possibilities of surgery have taken a wider range and admit of applications till recently unknown. Some now present may remember the case of supernumerary and webbed fingers, which I presented to the society some five years ago, and showed the little phalanges I removed. The infant was three months old at the time. Could you now see the little fellow, I think you would be delighted with the result. Had I put off the operation until the child was fifteen or twenty years old, no such satisfactory result could have been obtained.

Harelip.

This is another malformation for which I should prefer an early operation. You will also recollect a case I reported a few years ago, in which I performed three successive operations, to correct the deformity of a complicated harelip, on an infant in the first month of his life. One year after the operation, when I presented to you the photograph, you could hardly observe any cicatrices. He presented an admirable result and a well-formed face. But those very successful cases are the exceptions. However, I admit that what I *would* do to-day, I would not or could not have done twenty-five years ago; the more frequently that one sees and treats cases, the greater confidence he will gain in his power to remedy; the more one observes, the more interesting will be to him such cases of *lusus naturæ;* I may add that the greater part of the knowledge I may possess or facility in distinguishing and treating those injuries I obtained through my own

observations ever before I read a treatise on surgical diseases of children; in my college days these distinctions were not pointed out to me.

In the early treatment of deformities,

ORTHOPEDICS

offers a promising field.

I will strengthen my argument by a case in point. A few months ago a lady was on a visit to the city from the country, and was the mother of an interesting pretty little girl four months old. I saw the child at my house, and while caressing the sweet creature, the mother remarked, "that is a fine baby, doctor! I intend to have you operate on her after she is older." "What is the trouble with the child?" I asked. Lifting up her little dress, she presented a pair of bow legs with talipes varus. "Wait until the child is grown up?" why not treat her now; operation now is much easier performed and will be followed by better results. The lady with amazement exclaimed, "Oh! doctor; I would not have the baby cut now, for anything in the world! My old family physician told me we can do nothing with babies, but after the child has grown up, he would recommend me to a surgeon, who would perform the appropriate operation." Now, such are the prevailing opinions of the people, and in them they are encouraged by many physicians, because they have been taught that surgery is surgery. However, I succeeded, with very little trouble, in convincing the lady that I had said nothing about "cutting"; showed her how easy the limbs could be straightened and kept in proper position, and without any pain or much inconvenience; that such would not be possible if treatment was delayed five or ten years.

NÆVUS

is another affection that can be managed much more readily in infancy than in the adult. I need not enter into any detailed description of the various methods of treatment; but will suggest a simple mode, by which certain kinds of nævi, by perseverence, can be completely eradicated. It is by the application of ergot plaster (this is not officinal and is prepared for me by Mr. George Ude, late president of Pharmaceutical College.).

This much for the first division; let us take up some instances illustrating the second, viz: Acquired injuries, and first

Separation of the Epiphyses.

The diagnosis of this class of cases is very difficult; but not impossible. You will be much more sure of your diagnosis, after treatment is commenced and progress made.

For the better understanding, I beg to rehearse briefly the mode of development of a part of a few bones, and then illustrate by two cases.

Humerus: The shaft is ossified throughout nearly the whole length at birth; but the extremities are still cartilaginous and in the lower end, ossification begins later, not till the end of the second year, in the radial portions of the articulating surface. The inner condyle does not begin to ossify till about the 5th year, and does not unite with the shaft till the 20th year, while the external condyle does not begin to ossify until the 12th or 14th year and perfects its union with the epiphysis about the 16th or 17th year.

Ulna: Ossified matter appears in the olecranon at the 10th year and unites with the shaft at the 16th year.

Radius: In the upper end or head, ossification begins at the 5th year and unites with the shaft at puberty. In the lower end ossification begins at the 2d year and unites to the shaft at the 20th year.

A moment's reflection will convince any one that the effects of injuries of the elbow joint must present different phenomena at different ages.

And when we remember that in the young the epiphyses are only united by cartilages we can then easily comprehend that the same cause that produces a separation of the epiphyses in the child, would necessarily produce a dislocation or fracture in an adult. A case in point in regard to diagnosis: A little child, about five years of age, was brought to me with her right hand turned or contracted inside. The history was as follows, viz.: About a year previous, she had sustained a fracture of the lower end of the radius; she was treated by the family physician; some deformity was predicted, but not that kind which was present at this time; the diagnosis was easy, there could not have existed a fracture through the bone or near the epiphyseal line, but only a complete separation of the epiphyses; no union had taken place; there had been absorption of the epiphyses; an arrest of growth or shrinkage. This result can

not happen in an adult. And here let me say, while we seldom meet with shortening in any fractured bone in the child, we will in the majority of cases of separation of the epiphyses from the bone, have shortening, especially if not recognized and not properly reduced, the inflammatory process will promote the destruction of the epiphyses. Though, when once reduced it is kept much easier in its place, than a fractured bone, and the result will be favorable. A short time since I saw another little girl, about seven years old, who had fallen and injured her wrist. The parents thought the injury only a bruise, applied some liniment, hoping nature would complete the restoration. The pain subsided but the swelling did not disappear entirely. My advice was sought after the lapse of three months, because the swelling had increased. Upon examination I found a large soft callus at the part and deformity. This child had sustained a fracture of the radius. The parents wanted the bone broken over again and set straight, but of this there was no need for, the rubber bandage successfully corrected that evil. In this case there was no contraction.

FRACTURES AND DISLOCATIONS.

Much could be said about fractures. Fractures of the femur, "my pet bone" as denominated by some of my colleagues, but the time allotted me will not permit; suffice it to say, that fractures occur for various reasons more frequently in children than in adults, but displacement in fractures of bones in children are rare, because the periostium in the child is much stronger than in the adult; sometimes crepitus is entirely absent. Here is a case of some interest: A child seven years old, (tall for her age and slender, so that the bones could be well traced), sustained a fracture at the middle of both the radius and ulna a year ago; no crepitus could be heard or felt. I treated her with a simple splint, and with good results. After removing the final dressing, supination and pronation were perfect. I met the child almost daily. Of gymnastic exercises she was very fond. Last summer I saw her one day with bare arms, and to my terror, I found her arm quite "bow-like," though she could use it. I immediately called the parent's attention to the fact; the rubber bandage being applied, corrected this evil also. How was it produced? By the contraction of the muscles or

reabsorption of the callus? One thing is sure, it could not have been corrected so easily in an adult.

Burns and Scalds

Are accidents most frequently occurring to children, and are by far more dangerous than in adults, on account of the great pain, the long-continued irritation they produce and the great proneness of sloughing. Children seldom survive severe and extensive burns; and if they get well, recover from the immediate effects; deformities and distortions are apt to be left behind to remind of the accident. I need not here speak of the methods of avoiding or correcting these evils nor recapitulate the various means of treatment recommended and pursued, but will only allude to the alcohol treatment. First of all, the main object is to keep the wounds clean and sweet; to accomplish this, by all means discard the old and almost universal application of linseed oil; substitute either sweet oil or vaseline; do not bring water in contact with wounds produced by burns. Saturate a soft piece of fabric with alcohol, lay it over the burn, then cover it with cotton or finely picked oakum. This is the most cleanly dressing that can be adopted. It may be thought that alcohol applied to a burn will produce more pain; but try it, and you will be most agreeably surprised to observe how quickly it will *allay* the pain; subsequently disturb the dressing as little as possible; wet the dressing occasionally with alcohol, and the result you will find better than by any other method.

The last affection to which I will call your attention is that which occurs very often, and, one which you all, no doubt, frequently meet with; it is.

Loss of Motion.

I will illustrate by a case or two, of which I can find no mention in any book.

A child is pulled, dragged or lifted by the arm in a quick manner, for example, over a gutter. The child cries aloud, drops his arm down after it is released, and has lost completely the motion of that arm for the time being.

The parents becoming alarmed, sent for a doctor, to ascertain what is the matter. He examines it all around, and like many others, concludes because there is loss of motion, "there must

be a fracture, though he is not sure, because it is a child, and it is hard to tell what the real trouble is in a child." I have been sent for more than once under such circumstances to set a broken arm, but could not find the fracture; a simple loss of motion comprehends the whole of the affliction.

A second case, a child falls, the nurse jumps and runs to pick up the poor darling, in most cases by one hand, with a quick motion, a little anger probably mingled with it, "of course it is always the nurse, mothers never commit such blunders!" The child screams bitterly, his arm drops down, it cannot move it; now follows excitement in the previous peaceful household. I have been sent for frequently in such cases, either by the parents or by request of the family physician, to reduce a supposed dislocation; but no dislocation is to be found, simply loss of motion. Fractures and dislocations of course can and are produced in such manner, and sometimes separation of the epiphysis. But it is to the loss of motion to which I call your attention; it is fortunate, however, for the little patient and fortunate for those concerned, that you can console them with the assurance that the limb will be restored to its proper position in time, almost without any treatment, except rest and some mild embrocation, providing you find sensation unimpaired; one should carefully examine and satisfy himself of this, else the case then may assume a more grave aspect.

Mr. President, this of course cannot be considered a complete survey of infantile or children's surgery. These observations are merely some hints suggested, to set us to thinking, and to show that the surgery of infants and children differ greatly from that of the adult, and for that reason it requires special attention and special study.

In conclusion permit me to say, in order to be successful, the surgeon must first of all possess a thorough knowledge of all the details belonging to this branch; the second requisite is, he must love his occupation, no matter what it may be; I know many practitioners well educated and successful in the practice of medicine in adults, but whose success with these little ones is *nil* Why? perhaps they do not like children; I know that to many it is a source of dread to be called to visit a sick child; if you ask the reason, the intimation is, "I can do nothing with children; they cannot speak, therefore one cannot ascertain what

ails them;" but the truth of the matter is, the doctor does not understand and has not learned the nature of children.

To be successful with children, one must like them (those sweet little creatures); nay, more than that, he must love them from the bottom of his heart; he must learn to understand their language and their different dispositions; he must have patience and be indulgent with a child in sickness and especially so in surgical affections.

It is necessary to gain the little patient's confidence in order to gain a certain control over him; and to accomplish this, it must be remembered that you cannot approach every child alike; also tell a child the truth, never deceive it.

As for myself, I like to handle and study these little innocent creatures. I have hundreds of photographs of children of different ages, in my possession, and often call the attention of my students to their different forms, and desire them to study their physiognomy. You may smile at that; but let me advise you of one thing: if you lift up a little child to put it upon your knee and fondle with it, don't only play with it, but let that very child be your instructor; learn something from the child while it slaps its little hand joyfully in yours, don't lose that opportunity, but grasp it gently, run your fingers over its little fingers or around his wrist and glide them along his arm; feel, but feel for something. You will educate your fingers, you will thus learn to distinguish the natural form of bones, and I assure you if you understand the natural form and position thoroughly, you need not be afraid, the recognition of broken or displaced ones will be easy for you. And again, if you happen to pass your fingers through the golden ringlets, let that very hair teach you something. If you pass your fingers over the head, study the formation of that head; if you pat the cheeks, learn and observe something by that. The child is not aware of it, and rather delights in these little manipulations, and the mother does not know that her little darling has served you as a model.

DISCUSSION.

Dr. Henske.—I did not understand the treatment of burns as suggested by Dr. Borck; is it simply to apply alcohol to the skin?

Dr. Borck.—I dip a piece of soft fabric in alcohol, wring it out and put it over the burn.

DR. BRIGGS.—I would ask the doctor if he has ever tried the bicarbonate of soda in burns?

DR. BORCK.—No, sir; I have been so much pleased with the alcohol that I hardly ever use anything else.

DR. BRIGGS.—I don't understand the *modus operandi* of the bicarbonate of soda. It is a fact that the contents of the blister caused by a burn are acid, but whether that is a clew to the action of the bicarbonate of soda or not I can't say. The bicarbonate of soda lessens the pain and also advances the cure. Where the burn is an extensive one; where you are afraid of a collapse from shock, it is extremely important to stop the pain promptly and bicarbonate of soda has obtained an excellent reputation for this purpose. I have used the bicarbonate of soda myself with satisfaction, and think that if Dr. Borck will give it a trial, he will find this remedy is not unworthy of the high encomiums lavished upon it.

DR. JOHNSTON.—There are three points in regard to the use of alcohol; first, it is irritating; second, it coagulates the albumen; third, it evaporates rapidly. If it coagulates the albumen so as to exclude the oxygen of the atmosphere it is a good remedy; but to my mind it seems a severe one. Whether the coagulating property overbalances the irritation that is produced I don't know. It is the oxygen of the atmosphere that causes the irritation and produces the severe pain. I don't agree with the gentleman's idea as to the value of water in this trouble. If you place the burned part in water you exclude the atmosphere, and it seems to me that this is an admissible remedy. If you have a burn and place the part in water you get instantaneous relief.

DR. ROWLAND.—As there may be some members present who have never used the bicarbonate of soda in burns I will state that about two years ago I was called to see a child eighteen months old who had quite an extensive burn. The child's clothes had taken fire and it was burned quite extensively over the limbs, chest and face. When I reached the room the child was screaming and seemed to be in great agony. The cuticle afterwards came off over large surfaces. Both cheeks were extensively blistered. The child was in so much pain that I thought very rapidly what could be done. We have a number

of remedies such as linseed oil, carbolic acid, flour and so on, but it occurred to me that I might use bicarbonate of soda with good effect. They had some bicarbonate of soda in the house and I made a saturated solution of it in cold water with which I covered the parts, and after doing so I put some in a bag, after the manner of using starch, and dusted it all over the excoriated surfaces, not dusting it on so thickly as to cause it to crack, however. I had reason to believe that it would form a coating. After doing this the child went to sleep in ten minutes. The grandfather of the child had burned his hand pretty badly in extinguishing the fire of the child's clothes, so I put some on his fingers and he said it eased the pain in five minutes. But the point that I want to call the attention of the society to is this:

There was a complete coating, which was somewhat elastic, formed over the denuded surfaces, and when this came off there was new cuticle below. It was the most perfect success that I have had in my practice with any remedy in the case of a burn. I have used it again since, in the case of a lady, but she was very restless and nervous and I didn't meet with as good success as I did in the case of the child. It did very well, however, in her case. I wish to state that there was no scar left on the child's face, although we very much feared there would be.

Dr. Meisenbach.—I would ask Dr. Borck if he uses alcohol in all stages of burns?

Dr. Borck.—I use it in all stages.

Dr. Atwood.—In reference to what Doctor Rowland has just said in regard to the use of the saturated solution of soda I desire to call the attention of the society to the danger of deepening the shock attendant upon extensive burns. I have seen a case where the bicarbonate of soda was used in solution in cold water and the child died simply because reaction upon the shock was thus rendered impossible. We should first secure reaction and then the application should be made, whatever that may be.

Dr. Hurt.—It is quite evident to me that there are some cases of burns in which stimulation is required, and these are the cases in which the alcoholic treatment would perhaps be applicable. I have applied spirits of turpentine to fresh burns with very good results. I recollect once, when in a distant State, of being called suddenly to see a young child who had

been scalded, and I applied spirits of turpentine. The child got along very well until a druggist of the village, insisted that lime water and linseed oil was the specific remedy for burns, and the application was changed. In a few days the child died of mortification. I think possibly if the application of turpentine had been continued the child might have recovered. It is very evident to my mind that in case of burns the capillaries of the skin and tissues, as also the nerves are debilitated by the destructive process, and the result is that, in a great many cases, if there is no stimulation, a great deal of tissue will be lost by the suppurative or sloughing process.

DR. DEAN.—In the treatment of burns a good many use the stances govern as to what we can use. We generally circummost convenient thing. Dr. Borck and Dr. Johnston spoke disparagingly of the use of oil. I have seen oil applied where I thought it injurious, it kept the tissues macerated, increased the pus, and didn't permit the epethelium to form; but as regards the acids the doctor speaks of, they are neutralized in carron oil by the lime which may be in excess leaving it alkaline like the soda solution. I have had several cases that were very successful in which I used boracic acid—a five per cent solution of boracic acid applied with small pieces of protective silk placed like shingles so the fluid may flow from under them. I have had excellent results from the use of carron oil. When I use this I apply no dressing to the parts. I don't think I have had a case of burn about the hand and face for three years where the patient was tractable enough to keep the hand still upon which I placed the dressings. A crust forms on the surface and healing goes on under it. I have had good results from the use of linseed oil and carbolic acid. Recently I had a case in which I used safaline and alkaline emulsion of pure paraphine.

Article XCIV.

MISSOURI STATE MEDICAL ASSOCIATION.

Twenty-fifth Annual Meeting, held at Brittingham Hall Hannibal Mo., May 16–17–18, 1882.

First Day.—Tuesday, May 16, 1882.

Evening Session.—The President, Dr. W. P. King, of Sedalia, was introduced and then called the meeting to order. Rev. C. S. Savage offered a prayer and was followed by Hon. Rowe, Mayor of Hannibal, who made an address of welcome.

Dr. Clayton addressed the Association on behalf of the profession and citizens of Hannibal. Dr. King made a reply to these gentlemen and the business of the meeting began.

The minutes of the last meeting being adopted the Committee of Arrangements made its report, and a committe on credentials was appointed.

Dr. J.W.Trader, of Sedalia, read a paper on Railroad Surgery which was discussed by quite a number.

The report of the committee on publication followed and was adopted.

The committee on credentials reported 95 members enrolled and who had paid their fees. Immediately after reading the names, the Hannibal Medical Society protested against the admission of delegates from the Marion County Medical and Surgical Association. The whole matter was referred to the committee on credentials, and the report of that committee adopted with exception of names under charges.

Second Day.—Wednesday, May 17, 1882

Morning Session.—The meeting called to order at 9 o'clock and the matter in regard to the Marion County Medical and Surgical Association was declared wrongly referred to committee on credentials and then referred to the committee on ethics.

Dr. Allen, of Liberty, made a motion, which prevalied, that a vote of thanks be tendered to Dr. Rumbold for furnishing notes of discussions for proceedings of 1881.

On motion of Dr. F. A. Simmons, of St. Joseph, a committee of five was appointed to draft resolutions in regard to Dr. Hodgen's death. The committee consisted of Drs. Simmons, Hurt, Vaughn, Glasgow, Schauffler and Middlekamp.

The Secretary, Dr. Todd, of St. Louis, made a report in regard to corresponding with Medical Colleges in the matter of making a record of their examinations for the censorship of the Association.

The Treasurer Dr. Thompson, of Jefferson City, made a report which an auditing committee was ordered to examine.

Dr. P. V. Schenck, of St. Louis, read a paper on Phlegmasia Dolens, its treatment with Rubber Bandages and spoke of Vaginal Injections presenting a drawing of an instrument used in the Female Hospital of St. Louis.

On motion of Dr. Dickinson a telegram was ordered sent to the Illinois State Medical Society then in sesion at Quincy, Illinois.

Dr. T. J. Norris, of Macon, read a paper on the Organization of Local Medical Societies. After being discussed the ethical part was referred to the committee on ethics.

Dr. David Prince, of Jacksonville Ill., was made a member by invitation.

Dr. Dickinson, the corresponding secretary, made a report. The auditing committee's report was read and adopted. The amendment offered last year in regard to the order of business was carried.

Dr. King presented for inspection the walking stick of Dr. Ephraim McDowell.

AFTERNOON SESSION.—The Woman's Christian Temperance Union presented through its Secretary, Miss Phillips, a memorial which was referred.

A telegram from the Illinois State Medical Society was read.

Dr. J. P. Kingsley, of St. Louis, made a Report on Progress in Diseases of Children. After quite an animated discussion on this paper, Dr. King, of Sedalia, read the President's address, the subject being Quacks and Quackery in Missouri.

On motion of Dr. Allen, of Liberty, 2000 extra copies were ordered printed and distributed throughout the state, the paper to be so abbreviated or changed as deemed fit by the publication committee.

The committee on ethics made a report sustaining the protest of the Hannibal Medical Society. This led to a heated discussion and after an exciting session the report was adopted.

No evening session took place as the citizens and profession of Hannibal had provided a banquet and ball.

THIRD DAY.—THURSDAY, May 18, 1882.

MORNING SESSION.—Dr. A. W. McAlester, of Columbia, read a report on a case of Congenital Multilocular Fibro-Cystic Degeneration of the Thyroid Gland.

Dr. A. J. Steele, of St. Louis, of the committee on Orthopædic Surgery, presented a jacket for spinal caries and explained its method of construction. This was thoroughly discussed.

Dr. F. J. Lutz of St. Louis, read a paper on the same subject as Dr. McAlester's, it being a supplementary report.

Dr. C. H. Hughes, of St. Louis, read a paper on the Psychic Signs of Functional Neuratrophia or Neurasthenia. This paper was also well discussed.

Dr. Matthews, of Carthage, read a paper on Hydrophobia which elicited quite an animated discussion.

The committee on nominations was appointed and then it was decided to appoint the next place of meeting. Upon voting, it was decided that Jefferson City be the place.

Dr. Lutz spoke of the move made by the St. Louis Medical College Alumni to erect a monument to Dr. Hodgen.

Afternoon Session.—A letter from Dr. E. Montgomery, of St. Louis, asking the Association to repudiate the action of the New York State Medical Society, was read and referred to the publication committee.

The following resolutions in regard to the code of ethics were read and passed:

Resolved, That we view with regret the action of the Medical Society of the State of New York at its last annual meeting, in reference to the Code of Ethics, and hereby record our decided disapproval of said action and reassert our conviction of the importance and appropriateness of the present code of the American Medical Association for the guidance of physicians in their conduct towards each other and the public.

Resolved, That a copy of this resolution be presented at the meeting of the American Medical Association at St. Paul, and that it also be offered for publication to the medical journals of our State.

Dr. Miller, of Shelbyville, read a part of a letter of Dr. S. D. Gross in which he deplored the action of the New York State Society.

Dr. Norris' amendment that no one can be a delegate unless a member of a county medical society, provided there be one was tabled.

The committee on credentials made a completed report of delegates, the number having registered being 167.

The election of a President for 1882 was next in order and the balloting resulted in the election of Dr. A. E. Gore, of Paris.

Dr. W. C. Glasgow, of St. Louis, read a paper on Idiopathic Subacute Laryngitis, which was well discussed.

Dr. G. Hurt, of St. Louis, read on the Ratio of Mortality from Puerperal Causes.

Dr. Brooks, of Carthage, read some Notes on Vaccination and a few Inoculations. This was discussed also.

The committee to draft resolutions in memory of Dr. Hodgen reported the folowing which were ordered spread upon a memorial page of the transactions:

Whereas, This association is called to mourn the loss of one

of its members, Dr. John T. Hodgen, suddenly stricken by death in the very zenith of professional usefulness and success.

Resolved, That in Dr. Hodgen we recognized the true type of the American physician and surgeon and the noblest qualities of a great and good man. That with a reputation extending as far as the English language is spoken, he was yet pre-eminently one of the people, and that he had both endeared himself and improved his individuality upon the present generation of medical men of this country.

Resolved, That in the death of Dr. Hodgen not only has Missouri lost the truest and brightest light of her medical fraternity, but that our profession throughout the world must feel that in their ranks, too, a prince has fallen.

Resolved, That we shall ever cherish as an inspiration the memory of his untiring industry, his manifold acquirements, his rare modesty, his sympathetic nature, his general social qualities and the strength and symmmetry of his character and life, and that in keeping green the memory of our departed brother, we shall elevate and honor ourselves and the profession of our State.

Resolved, That in the death of Dr. Hodgen we feel that we have sustained an irreparable loss, and that we hereby tender to his bereaved family our sincere sympathy, and claim the privilege of mingling our sorrow with theirs in this hour of their sore bereavement.

DR. F. A. SIMMONS, Chairman,
DR. G. HURT,
DR. J. P. VAUGHAN,
DR. E. W. SCHAUFFLER,
DR. H. H. MIDDLEKAMP.

The committee on State Medicine made a report which was adopted.

It was moved that the President be requested to continue the same committee and it be authorized to present the resolutions to the next legislature.

The committee on medical education made a report through Dr. A. L. Teed. The report was tabled.

The committee on nominations made the following report which was adopted:

Vice-Presidents: Dr. P. French, Mexico; Dr. R. F. Brooks, Carthage; Dr. P. S. Fulkerson, Lexington; Dr. O. D. Fitzgerald, Lathrop; Dr. F. J. Lutz, St. Louis.

Recording Secretaries: Dr. C. A. Tood, St. Louis; Dr. J. H. Duncan, Columbia.

Corresponding Secretary: Dr. W. Dickinson, St. Louis.

Treasurer: Dr. C. L. Thompson, Jefferson City.

A telegram from the Mayor of Jefferson City was received and read.

EVENING SESSION.—A resolution of thanks was adopted in

which the physicians, citizens, hotels, press, railroads and steamboats were thanked for courtesies extended.

Dr. G. M. Dewey of Keytesville, read a highly humorous paper on the Use and Abuse of Quinine.

The discussion began when the President-elect was escorted to the chair and the standing committees for the coming year were read.

After this had been done the discussion was resumed and was soon terminated.

Dr. Warth, of Nevada, next read a paper on Placenta Prævia.

A discussion then arose as to the address of the Woman's Christian Temperance Union, and it was finally referred to a committee to report at the next meeting which is to report upon the effect of alcoholic liquors upon the human system.

The meeting then adjourned to meet at Jefferson City, on the third Tuesday of May, 1883.

A complete abstract of the papers and discussions of this meeting will be presented in future numbers of the Journal.

The following firms had displays in the hall:

Parke, Davis & Co, Seabury and Johnson, and E. Lambert and Co. (Listerine). Wm. Bailey and A. Leslie & Co. were up with a full assortment of surgical instruments. The McIntosh Company of Chicago had batteries and uterine supporters on exhibition.

Article XCV.

ILLINOIS STATE MEDICAL SOCIETY.

Annual Meeting Held at the Court House, Quincy, Ill. May 16, 17 and 18, 1882.

First Day.—Morning Session.

The Society was called to order by the President, Dr. Boal, of Peoria. Rev. Newman Smith offered up a prayer and was followed by Dr. Jos. Robbins, of Quincy, who made an address of welcome.

Dr. Robert Boal, the president, delivered the annual address.

Afternoon Session.

After a number of gentlemen had been elected members by invitation, Dr. W. O. Ensign, of Rutland, made a report on Practice of Medicine, choosing for his subject, Vaccination, which was discussed at some length.

Dr. Lee, of Chicago, made a report on Surgery, Dr. E. F. Ingals, of Chicago, making a sub-report. These papers were discussed at some length, as were also the report on Obstetrics, by Dr. J. B. Davidson, of Moline, and the sub-report by Dr. Carr, of Carlinville, which latter was on the Resuscitation of Still-born Children.

Evening Session.

The discussion was resumed on the papers of Drs. Davidson and Carr.

Dr. E. S. Booth, of Sparta, of the committee on medical legislation, read a paper on Medical Education and Medical Legislation, and also the paper of Dr. M. A. McClelland, of Knoxville, on Medical Legislation. Dr. E. Ingalls, of Chicago, also read a paper on the same subject. After the discussion, Dr. Ingals submitted the report of the committee on Necrology, which was referred.

Second Day.—Morning Session.

The discussion on Medical Legislation was resumed.

Dr. E. W. Jenks, of Chicago, of the committee of Gynæcology, read a paper on Gynæcology, which elicited quite a discussion. Dr. Coles, of the same committee, made a sub-report.

Afternoon Session.

A volunteer paper by Dr. C. D. Hadway, on Muscular Paralysis in Children, was read by title.

Dr. A. E. Prince, chairman of the committee on ophthalmology and otology, made a report.

A message from the Missouri State Medical Association, in session at Hannibal, was read.

A paper on the Microbium of Malaria, by Dr. C. T. Reber, of Shelbyville, was referred by title.

The publication committee made a report.

The committee on nomination reported as follows:

President, Dr. A. T. Darrah, Tolona.

Vice-Presidents, Dr. L. G. Thompson, Lacon; Dr. W. A. Byrd, Quincy.

Treasurer, Dr. J. A. Hollister, Chicago.

Permanent Secretary, Dr. S. J. Jones, Chicago.

Assistant Secretary, Dr. T. M. McIlvain, Peoria.

Peoria was selected as the next place of meeting.

Dr. Mendenhall read a report on the Treatment of Diseases of Children, after being discussed by several members, Dr. Cook, of Mendota, opened the discussion of the question, Is Pneumonia a local Inflammation or a general Zymotic Fever? The next question was, What is the Modus Operandi of Antipyretics and their Therapeutic value in Fevers?

Eulogistic remarks and resolutions on the death of Dr. J. T. Hodgen were made.

During the evening a banquet was held at the Tremont House.

Third Day.—Morning Session.

Dr. Robbins read a paper on Hot Water Injections, and was followed by Dr. Ellen A. Ingersoll, of Canton, who read on Hydrocele in the Female.

Dr. E. W. Andrews of Chicago, chose for the subject of his paper, Phenic Acid in Cancer.

Dr. D. Hadwell's paper on Muscular Paralysis of Children was read by Dr. A. K. Van Horn, of Jerseyville, and an apparatus exhibited.

Dr. Wagner, of Quincy, read on Bovine Disease or what would you call it?

At the suggestion of Dr. Hollister, of Chicago, a committee was appointed to consider the desirability of issuing a biographical volume of the members.

Dr. Cook, of Mendota, brought up the law in regard to admissions to insane asylums. After considerable discussion the matter was referred to a committee.

AFTERNOON SESSION.

Delegates to the American Medical Association were named, as also delegates to various State medical societies.

A resolution of Dr. J. F. Durand, of Quincy, for Congress to establish a vaccine farm for the propagation of pure virus, met with a warm reception, and was rejected.

The usual vote of thanks was tendered to the committee of arrangements, physicians of Quincy, press, railroads and officers of the society.

The question of the Modus Operandi of Antipyretics was taken up, Dr. N. S. Davis, of Chicago, delivering the ablest and most interesting address of the meeting.

The Society adjourned to meet in Peoria, in May, 1883.

ARTICLE XCVI.

BLACK HILLS MEDICAL SOCIETY.

Deadwood, D. T., March 25, 1882.

Regular Meeting of the Black Hills Medical Society, held at the office of Dr. Houghton.

Present, Drs. J. Houghton, D. K. Dickenson, W. S. Dyer, Jos. Van Buskirk, J. C. O'Neall, B. B. Kelley, J. W. Freeman R. H. Perryman and M. C. Wyett, of U. S. A. Meeting called to order by the President, Dr. Houghton. Minutes of last meeting read and approved.

On motion of Dr. Dickenson, rules were suspended, and Drs. J. W. Freeman and M. C. Wyett, of the Army, stationed at Fort Meade, were elected members of the Society. Dr. R. H. Perryman reported the circumstances of the death of Dr. H. M. Williams, of Central City, as follows:

March 22, about 4 P. M., he obtained from five to eight grs. of morphine of Mr. Bass (druggist) under false pretenses, and took about five grains. Bass and Ingals tried to administer five grs. sulphate zinc as emetic, but failed. When Dr. Williams left and went to Dr. Perryman's Drugstore, and called for two one-half gr. powders of morphine which were refused. While he stood insisting on getting morphine, Mr. Bass telephoned not to let him have morphine if he called for it. Mr. Bass came up with Dr. Gussolley in a few minutes and informed us that Williams had five grs. of morphine in him. We took him in the prescription room immediately, and gave him twenty grains

pulv. ipecac. in warm water; he protested against it and did not want an antidote, said he would go to Deadwood and get more Morphine and take it.

In less that eight minutes we gave him twenty-four grs. more ipecac, having to hold him and pour it down; in ten or twelve minutes we gave him a teaspoonful of ground mustard in a cup of warm water; in ten or twelve minutes gave another teaspoonful of mustard in water and another cup of water, and fifteen minutes later gave two and one-half drachms of tincture lobelia. We passed a feather down his throat to induce vomiting. With all our efforts he did not vomit to exceed a teacupful. The greater part of this time we were unable to keep him awake. At this time Dr. Gussoling had sent for some atropia and gave it to him hypodermically; in a short time the pupils dilated, he became less drowsy and comparatively bright; a walk on the street was proposed, but after walking two or three hundred yards, he failed and was taken home. In a short time he was in a deep sleep and unconscious, without radial pulse.

At midnight, respiration ten to the minute, and pupils widely dilated, died between four and five o'clock A. M.

The report was ordered, placed on file, and the effects of poison taken and antidote given was discussed; wherein it appeared that two doses of atropin had been administered hypodermically, each containing one-fifth grain.

The President appointed Drs. D. K. Dickenson and J. W. Freeman, a committee to draft resolutions in relation to the death of Dr. H. M. Williams

Dr. Kelley completed a report of a case in practice with post-mortem, and exhibited the pathological specimens, consisting of the gall-bladder and sections of diseased liver, gall-stones and concretions. On motion the article was ordered prepared for publication in ST. LOUIS MEDICAL AND SURGICAL JOURNAL,* together with report of the meeting of the society.

The society then resolved itself into a class on microscopy, under the direction of Dr. J. W. Freeman, who kindly permitted the use of his extensive collection of histological and pathological specimens for the use of the society.

The society then adjourned to meet in four weeks.

B. B. KELLEY, M. D, Secretary.

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*This paper will be published in our next issue. [Eds. JOURNAL.

Correspondence.

Article XCVII.

Should the Code of Medical Ethics be Altered or Amended so as to Permit and Sanction Consultations with Irregular Practitioners?

It seems to me that one argument alone should suffice to answer this question in the negative. It is acknowledged by all that the regular scientific inductive and progressive system of Medicine adopted and practiced by the so called Allopathic School is altogether and totally different from all the other narrow minded circumscribed and dogmatic systems. They are as wide apart as the poles, can have no congruity or congenialty of judgment or action; cannot benefit the patient and if entered into degrade and humiliate the conscientious physician.

If the physicians of the "old school" (I am opposed to the term Allopath) should approve or indorse the action of the New York State Medical Society, the scientific and progressive physician would be expected to fraternize, counsel and consult with Homœopaths, Eclectics, Thompsonians, Medical Electrics, Faith doctors *et id omne genus* which in my opinion would be degrading, disreputable and humiliating to the last degree. By avoiding all such absurd visionary and fanatic imbeciles we will uphold the dignity of our profession and publicly exhibit the soundness of our faith in progressive and scientific Medicine.

The Homœopathic doctrines of "*Similia Similibus Curantur*," the infinitesimal doses, the attenuations, triturations, and shakings to arouse and increase the potency of the preparations, can scarcely become the foundations of our faith as progressive and scientific physicians. The dogma of "like to like will cure" embodies the belief that as arsenic will produce a gastritis, therefore arsenic will cure it. Veratrum viride will give rise to debility and nausea, therefore veratrum viride will cure these indispositions. The Hudibrastic couplet,

> "Weapons dressed with salves restore
> And heal the wounds they made before."

seems to be faithfully adopted by the disciples of Hahnemann. With all their credulity and fanaticism the homœopaths could not avoid discovering that this doctrine of similars might often become dangerous and therefore they promulgated another dogma, that

of infinitesimal doses, supplemented with shaking and trituration. Although they still professed to believe that like to like will cure, that

"The hair from the dog that gave the bite,
When applied to the wound would cure it quite."

or

"Like the serpent's oil is said
To cure the wounds that vermin made."

they professed to believe that medicines which would produce fever, were the proper remedies to cure the fever but they took care to apply their curative agent in very infinitesimal doses. In order to present a clear conception of the dogma of infinitesimal doses as recommended and adopted by homœopathists, I will give the officinal formula for the thirtieth dilution, which Rau, Hempill and all recent homœopathic authorities say is the one most universally used.

If two drops of mixture of equal parts of alcohol and the recent juice of any medicinal plant be diluted with ninety-eight drops of alcohol in a vial capable of containing one hundred (for the convenience of *shaking*) and the whole to be *twice shaken, shaken together*, the medicine becomes exalted in energy to the first developement of power as or it may be denominated, the first potence. This process is to be continued through twenty-nine additional vials each of equal capacity as the first, and each containing ninety-nine drops of alcohol so that every successive vial from the first being furnished with one drop from the vial or dilution immediately preceding (which has been twice shaken) is in its turn to be shaken twice, remembering to number the dilution of each vial on the cork as the operation proceeds. These manipulations are to be continued through all the vials, twenty-nine additional, each of equal capacity with the first, and each containing ninety-nine drops of alcohol. This will be the decillioneth element of power which is the one in most general use.

Now this wonderful prescription of Hahnemann is endorsed and employed by the present homœopaths as Hempel one of recent writers on homœopathy says that if we want to get the very best homœopathic preparations we must carefully follow the rules laid down by Hahnemann. Now look at the preposterous absurdity of this exhibition of homœopothic therapeutics.

Hahnemann was not like McAuley's character of Lord Halifax, he was no "trimmer," he openly and fearlessly contended for the most extreme doctrines of his school; he declares that the best dose of the properly selected remedy is always the very smallest one, as well for acute as for chronic diseases. He also avers that this infinitesimal doctrine is the inestimable property of pure homœopathy which will forever separate it by an impassable gulf from all spurious systems. In the preparation

of granules or solid medicines the homœopathic method is to increase the potency or energy of the remedy by attenuation, (sugar in a mortar), this attenuation is accomplished by dissolving one grain and passing through twenty-seven vials the same way as the vegetable juices up to the thirtieth dilution. Of this very attenuated mixture small granules of sugar of the size of a small mustard seed are impregnated so that one granule will contain about a three hundredth part of a drop of the attenuated mixture; one grannle thus composed may be given as a dose but if the patient is weak, sensitive or very nervous, it will be safer to allow him to smell once!!

A homœopathic friend was kind enough to loan me some of his books, and it was really irksome and painful for me to read such absurd nonsense, twaddle and irrational theories as were there presented. The attenuated solutions are said to have their potency increased by shaking, and the homœopathic writers are very particular about the number of shakes, generally limited to two shakes, lest the potency of the remedy would be so great as to endanger the patient; and if the patient was very weak, or nervous one small one would be sufficient. We are not informed how the "*potential power*" is to be increased in medicines of the solid form, but presume it is to be accomplished by a vast amount of trituration. We see that this absurd and mystical science of medicine embraces at least three dogmas, the doctrine of similars, infinitesimal doses, and potential power. If "like to like" does not cure, but the remedy proves worse than the disease, the dogma of infinitestimal doses is appealed to; if the glaring absurdity of such extreme attenuation is made apparent, the dogma of "potential power" is enlisted, and this power and energy is imparted to the very attenuated remedy by shaking (two shakes to each dilution!!); and a vast amonnt of trituration! I would be extremely grieved if I should judge wrongfully, or allow my early education and training to lend me prejudice, or warp my judgment, but I cannot conceive how an educated physician can approve and practice homœopathy without being afflicted with great mental imbecility, or very lax morality. If a man is weak minded credulous or fanatical; or if he is controlled and guided by sordid or mercenary motives, the conscientious physician has no use for him, and should strenuously avoid all such entangling alliances.

As I have recently been reading a great deal of homœopathic literature, I hope I will not be accused of egotism or pretentiousness if I venture to give a homœopathic prescription for the diet of the patient. From what I have learned of the rationale and philosophy of homœopaths I think the following dietetic prescription will be recognized as in perfect accordance with homœopathic doctrine.

The pinions of one wing of the swallow, stewed or infused for three hours in a pint of boiling water, of this attenuated

nutritive soup put one drop and three drops of alcohol into a wineglass of water and drink for a dose; if the patient is young and robust, shake it twice before giving, but if the patient is sensitive or nervous it will be safer to give one smell!!!

Now I contend that this prescription is just as natural and reliable as the thirtieth delution of medicine. This attenuated soup will be as successful as a nutriment as the decillioneth development of power of medicine is curative in disease.

It will be seen that I have confined my criticisms and arguments principally against homœopathy, for the reason that heterodox system is the one with which we would be called upon to consult; for as long as we have so many hypochondriac, hysteric and imaginative people in the world, sordid and mercenary motives will cause many to assume the garb of homœopathy, so as to cater successfully to the hallucinations of the credulous and visionary patients.

The electics, the hydropathists, the medico-electrists, the steam and herb doctors, etc., have nearly all died out, but the nonsensical, absurd and ridiculous doctrines and practices of the disciples of Hahnemann, for the reason given may exist for many years to dupe their followers and create the contempt of all educated, intelligent and right minded citizens.

Let us avoid all entangling long alliances, let us make no compromise with error or fanaticism, let no sordid or mercenary motives induce us to countenance or patronise charlatanry or quackery. Let us act conscientiously and honorably, should the heavens fall.

EDWARD MONTGOMERY, M. D. St. Louis.

BURNT COFFEE AS A DISINFECTANT.

St. Louis, May, 1st. 1882.

EDITORS JOURNAL:

Burnt coffee as a disinfectant is just now receiving attention as a new disinfectant. I have used it for twenty-five years. My preceptor, Dr. James Thistle used it before me. During the war, I used it in hospitals and barracks. I once treated a lieutenant, in officers' quarters, sick with varioloid, without isolation, his removal not being desired. The disease did not spread. Coffee drinkers more seldom than milk drinkers have typhoid, etc. There is some value in roasted coffee.

C. H. HUGHES, M. D.

Clinical Reports from Dispensary Practice.

Article XCVIII.

Laryngeal Cases. By J. C. Mulhall, M. D., Physician to the Throat Department of the St. Louis Medical College Dispensary.

Dec. 23, 1881, Laura J., aged 22 years, complete aphonia two weeks, preceded for one week by slight hoarseness. Patient had already brought her syphilitic infant, and had contracted primary lesion eighteen months ago. Larynx presents general mild congestion of syphilitic hue, and at middle of vocal cords, implicating their free edges, two smoothly outlined, greyish yellow globular growths, of the size of a large pea with apices pointing inwards.

On adduction they come into contact and prevent phonative approximation of the cords. The aphonia is therefore mechanical. The laryngeal sound reveals general anesthesia of the larynx, an experience I have several times had in the investigation of laryngeal syphilis.

Ten grains of potassium iodide with one-tenth grain hyd. bichloride were ordered to be taken three times daily and at the end of ten days there was complete restoration of the voice and no trace of the growths could be found. This case is very unusual in the history of laryngeal syphilis. It is rare that gummata appear in the larynx, very rare that they select the true cords as sites of growth, very unusual that they should appear so early and be unaccompanied by other serious laryngeal lesion, and unusual that they should so rapidly fade under treatment.

Jan. 31, 1882, John B., aged 24 years, levee laborer. Two weeks ago from well recognized exposure caught cold, producing dry cough, hoarseness and aphonia, persistent to date. Chest normal. Mild congestion of supra-glottic larynx, active congestion of the cords, on the upper surface of each a well defined oval ulcer, of the size of a split pea and covered with ash-grey slough. On adduction, the lateral adductors are paretic, the central adductor (arytenoideus) paralyzed. The aphonia is therefore paralytic.

Active local and general treatment ordered Feb. 4, four days afterwards, the voice was quite restored, being only slightly hoarse. The ulcers are still present, but the cartilaginous edges of glottis now come completely into apposition. The aphonia

was therefore mostly dependent on paralysis of the arytenoids from local inflammation, partly on paresis of the lateral adductors. The ulcers afterwards healed leaving well defined scars.

The chief interest of the case lies in the fact that ulceration may accompany simple subacute laryngitis, however, a rare complication. There was no constitutional cause and treatment was non-specific. The ulceration was not the *erosions glandulaires* of the French authors.

Feb. 8, 1882, Wm. D., aged 27 years, laborer, came saying that he had taken cold three weeks ago, producing hoarseness and violent cough, that for the last two days with each fit of coughing, he spat up about a teaspoonful of blood.

Two years ago had typhoid fever, with hoarseness and slight hemoptysis. He also suffers from malaria.

General mild congestion of larynx. Looking into the trachea I could see bloody froth slowly trickling *downward*. On re-examining the larynx, I now discovered that the blood came from the vicinity of the inter-arytenoid fold, from what I took to be a ruptured varicose vein, as did also Dr. Friedman who carefully examined him. Chest healthy.

Opium for the violent cough, ergot and ice internally. The hemorrhage ceased at once and has not returned. The laryngoscope enabled me to give the patient the comforting assurance that the blood was not from his lungs. Want of space forbids an attempt at explanation of the presence of a varicose vein in the larynx, ruptured by violent coughing.

Clinical Reports from Private Practice.

Article XCIX.

Two Cases of High Temperature. Treatment by Cold Bath and Large Doses of Quinia. By Jos. L. Bauer, M. D., of St. Louis.

The case which I report is unique, not only in the height of temperature, but also in the rapidity with which the great bodily heat was reduced, and a safe if not a normal temperature restored. Physicians from all over the world have wrestled with this most alarming of all symptoms for many years, and it has been left to the last decade, to enforce a potent therapeutic regimen by which this problem has been brought to a near solution.

Although many physicians of independent thought and action have treated high fever by cold temperature, Liebermeister is undoubtedly the first, who has thoroughly systemetized the statistical results. His dissertation in "Ziemssen's Encyclopedia" embodies the cold treatment conjoined with large doses of quinia. In fact, we might say, that nearly all good observers and independent physicians have surrendered the hot room, fire, blankets, hot drinks and small doses of quinia, and are now numbered among the rationalists. But there are others who have *tried* Liebermeister(?) and have arrived at a negative conclusion. Others again, pander to the follies and superstitions of the laity, and would rather lose a patient by the old plan, than to risk the new, and the reputation upon which every physician's success in life depends. Even Prof. Austin Flint has at one time felt this, for, he says: "but as the measure was then a novelty in medical practice, I considered that I would be held responsible for any accidents that might subsequently take place."

During an active practice of eight years, I have met manifold cases of extreme pyrexia occurring in the exanthemata, pneumonia, typhoid and malarial fevers. Whilst I was imbued with the old notion of giving *small* doses of quinia, I, fortunately for my patients, recognized the great value which attached to the rapid reduction of temperature by means of *cold therapeutics*. Austin Flint expresses my thoughts in better language, when he says: "the most effective refrigerating measures which possess much potency, are external applications; and these are *cold water* and *cool air*." No one who has seen the immediate results which

obtain when you put a patient with a temperature of 103° to 105° Fahr. in a cold bath, will even fail to be convinced of its utility. Many physicians have become wedded to the cold pack; in the absence of suitable vehicles to administer the bath, this method is satisfactory; but it has its objections. Cold relieves the pain of the initiatory stage of pneumonia, the convulsions during the hyper-pyrexia of scarlet fever and measles. But, although I might be able to reduce the *temperature*, I could not keep it within safe limits without having my bath at instant command. And why was this? I had not learned by experience what had already been taught, that *antipyretic* and *large* doses of quinia were inseparable. And herein lies the whole difficulty; the *true Liebermeister treatment* implies, not 10 grains of quinia twice or thrice daily, not 20 grains morning and night, but 30, 40, 50 and even 60 grains within one, two or three hours. Not cold water of a temperature of from 60° to 70°, but 50° to 55° Fahr. The trouble with some medical men is, that they lack courage, and I must confess the same weakness when I first tried it. Thus, a physician of good ability, to whom I related one of my cases, was thunderstruck to think such a thing could be done. But, I must not monopolize space; therefore I will cite two clinical cases of interest.

Last January, I was requested to see the wife of a prominent jurist of this city. The patient had resided at one of our principle hotels, in a room with a stationary washstand, and from which large quantities of sewer effluvia were constantly emitted. She determined to visit her children at her country home, (having required fresh country air to maintain their youthful vigor) about ten miles from the city. The weather was cold and rainy and my patient thinly clad. The next morning she was attacked with sneezing, chill and fever which increased towards night. She received some medicine which acted on her bowels and reduced the fever somewhat. The next day I was summoned, and I discovered the following condition:

Temp. 105°.5; tongue dry with tendency to sordes; great thirst; pain in intercostal muscles and subscapularis of right side; slight bronchial catarrh, a little tympanites and some tenderness in the right iliac region. I had no time for reflection; one thing alone had to be done, and that quickly. I had taken a box of freshly made quinine pills (5 grs. each) with me, and administered three at once, and every hour three more, making forty-five grains in three hours. During the intervals the body was enveloped in a cold pack. In five or six hours (I cannot say positively) the temperature had reduced to normal. This maintained itself for about four hours, when a rise was noted; we did not allow it to go any higher, but gave our pills (fifteen grains) every two hours, and maintained the temperasure at 100° to 102° for the balance of her sickness—two weeks. As soon as the fever had subsided permanently, a powder of calomel and

carbon. of magnes. was administered as a cathartic. During this period menstruation set in and subsided without any morbid accompaniments. *Deafness* was nearly absolute, her attendants having to talk very close and loud to obtain an answer. Although there was no delirium or apparent unconsciousness during the sickness, my patient is thoroughly ignorant of anything that occurred during this time. Whilst convalescing, delirium and trembling set in, but soon subsided upon the administration of diuretics.

The other case was that of my own child, in which during the first stage, and upon the appearance of the eruption in an attack of scarlet fever, numerous convulsions occurred and presented signs of recurrence. At first, (during April) the hydrant water seemed to avail, but soon lost its refrigerant effect. I sent for some ice, placed it in the water, and reduced the temperature to such an extent, that my hands suffered from the cold. The child was hardly in the bath ten seconds, when the convulsions ceased and the temperature reduced. The eruption disappeared each time, but reappeared after envelopment in a warm blanket. No accident occurred, and the child made a good recovery.

Reports on Recent Progress in Medicine.

Article C.

Report on Surgery. [Prepared for the Journal.] By R. W. Wilcox, M. D. of Vienna, Austria.

Tetanie.—The patient, a young man of about eighteen presented himself with a contusion of no great importance, of the left great toe. During the first day after his admission he complained of repeated cramps in his arms which lasted some minutes. On investigation it was found that in a few minutes, generally less than three, after compression of the brachial artery, the patient would complain of numbness, slight dull pain in his fore-arm and hand and then rigidity would set in. The elbow would be bent, the arm adducted the hand somewhat flexed at the wrist, while the fingers and thumb would be strongly flexed. While this condition persisted there was an entire loss of sensibility in the parts affected and the hand and arm felt hard to the touch. On relaxing the compression of the artery the rigidity disappeared, some sensations of uncomfortableness were complained of, but otherwise the sensations were normal. During the first few days the contractions could be produced by simply raising the arm but later it became necessary to compress the artery. Slight tapping over the *pes anserinus* would be followed by twitching and contraction of facial muscles supplied by it. At last these phenomena had so far disappeared that compression of the whole arm by means of an elastic bandage had to be resorted to before they would appear. An attempt to discover how far the loss of sensibility extended towards the body and whether it ended abruptly was made but in the process of uncovering the arm the manifestation disappeared The foot was well at the end of three weeks. During the time that the patient was under observation there existed no other disturbances in any of his functions.

Certainly these phenomena could not be attributed to tetanus because they were peripheral in their origin and moving towards the center and even in the seven cases that have been reported contraction of the masseters was the last to take place; further therewas no great increase in the reflex irritability which is so characteristic of tetanus. Again it is claimed that in no other disease of the nervous system, nor even in health are the above mentioned facial phenomena seen. In looking over the literature of the subject one finds a few fatal cases.

where frequently repeated and long continued attacks followed by death through inteference with the respiration. The general prognosis however, considering the now quite numerous cases, is very favorable, the manifestations becoming less frequent and then ceasing altogether, rarely calling for any treatment.

Carbolic Marasmus.—In a recently published article the statement was made that after a certain hospital assistant had been exposed for two hours to a two and a half per cent. spray of carbolic acid, during the next twenty four hours something over two grams of carbolic acid was detected in his urine. The symptoms of carbolic marasmus, as given, were slight headache, throat irritation, languor and lessened appetite, or if the exposure were longer there followed permanent irritation of the throat painful sensations in the loins, slow abdominal circulation, itching of the skin, sleeplessness, pallor, etc. A well known professor of surgery in commenting on this paper remarks that the amount of carbolic acid found in the urine was some fourteen times as large as the maximum dose allowed by the Pharmacopea As to the marasmus he remarks that the symptoms might signify neurasthenia but immediately enquires what sort of a neurasthenia it is when the symptoms disappear after a brisk walk and the color of the countenance is regained when one leaves the clinic fo. a few days. Probably, then, carbolic marasmus will not figure in the list of diseases for some time yet.

Iodoform Poisoning.—In the recent literature come two more reported cases which proved fatal, these will be briefly récapitulated. A man sixty-two years old, with tumor albus of the right knee, had the abscess incised and scraped out, an ordinary iodoform dressing of about twenty grams was applied, the dressing was changed on the fourth and eighth days, about ten grams more being used at each time, making forty grams in all. After the last dressing began symptoms of meningitis. The iodoform dressing was abandoned but the patient became rapidly worse and died on the twelfth day. At the autopsy the pia water was found cloudy, moist and injected especially at the base but separable from the brain. Lateral ventricles widened and containing rather more than the normal quantity of clean serum; ependyma clear and transparent. Brain somewhat hyperæmic and rather moist but not markedly altered. The spleen was enormously,enlarged,the liver somewhat larger than normal hyperæmic and slightly cloudy. Sepsis, with an almost normal, temperature is not to be considered while tetanus and delirium tremens can not be assumed because of the absence of any symptoms. The changes in the brain being relatively insignificant there seems to be left only iodoform as the cause of death.

The other case was an amputation of the right breast with removal of the right axillary gland for carcinoma, in a woman

fifty-eight years old. Here only six grams of iodoform was used altogether.

Three days after the operation the patient became apathetic and on the next day the iodoform dressing was abandoned. The patient had substantially symptoms of meningitis and died on the twenty-third day. At the *post mortem* it was found that the pia mater was strongly injected and moist, the right lung compressed by a pleuritic exudation, metastatic cancer in costal pleuro, diaphragm, liver and left axilla. Liver somewhat fatty heart muscles brittle, kidneys small, cloudy, the right kidney being filled with miliary abscesses. It was considered that sepsis and uræmia were excluded by the character of the symptoms and meningitis certainly was not shown by the result of the *post mortem* examination. The amount of iodoform used was certainly small enough to satisfy even the most careful of surgeons. Indeed the conclusion seems to be, that iodoform is to be used with the utmost caution and even then unexpected results may occur.

Resection of the Dura Mater.—Through the courtesy of Professor Czerny, the writer had the opportunity of seeing two cases. The first that of a young woman operated on last November for a bone sarcoma involving the anterior fourth of the parietal on the left side and some of the adjacent portions of the frontal and extending nearly to the sagittal suture. When the area of bone was removed it was found that the tumor involved a small portion of the dura mater, the affected piece was removed and the haemorrhage checked by the thermo-cautery. The patient made a good recovery. At the time she was seen the pulsations of the brain, much more marked on deep inspiration or on coughing, could be distinctly felt. She complained of slight headache and that she could not see quite so plainly with the left eye, but nothing was found on ophthalmoscopic examination.

The second case was that of an old woman with epithelioma covering almost the whole of the left half of the forehead, who was operated on last January. The tumor involved the underlying bone as well as a portion of the dura mater some three or four centimeters in diameter, hæmorrhage in this case also checked by the thermo-cautery. As the disease had been so extensive it was necessary to bring forward a flap of skin from above the ear to cover the exposed brain. When the patient was last seen the place from which the flap was removed was granulating nicely, the operation wound was healed except a small portion the size of a centimeter square in the upper edge of the wound where, probably, there was a bit of necrobic bone. The patient was in excellent condition. Here also when the patient coughed there was considerable bulging of the skin over the place from which the bone had been removed and even in quiet respiration the pulsations of the brain were plainly visible.

Article CI.

Report on Dermatology. By A. H. Ohmann-Dumesnil, A. M., M. D., of St. Louis.

Contagious Ecthyma.—Dr. F. S. Ranking in reference to the recent observations of Du Castel on the occurence of contagious ecthyma gives the the notes of ten cases (*Practitioner* April 1882), in which the first three, two brothers and a sister, were attacked simultaneously. Case four was the author's child who was a constant playmate of the affected children. The next case was the child's mother, who had attended it. The next two cases were a brother and sister, the former working in a factory in the neighborhood; the latter contracting it from him.

The other three cases were children of the same family, living at a distance—80 miles. The author himself thinks that Bamberger is correct in saying that ammonia in the blood is a cause for this eruption.

The true cases of contagion he believes to be Nos. four and five. He is also in some doubt whether the cases may not prove to be a contagious form of pemphigus. The symptoms appeared to commence on the chest, as bullæ of varying size, the contents remaining clear for a few hours, and becoming distinctly purulent in the course of twenty-four hours. The bullæ bursting or being opened, left a vividly red part of the skin slightly weeping —no ulceration; the redness of skin remained some months, or led in some cases to pigmentation of the site of the bulla.

Influence of the Nervous System on Pathological Changes of the Skin.—Dr. A. Irsai, of Budapesth, has made a series of experiments on dogs to determine this question and arrives at the following conclusions (*Centralblatt für Nerven h. k. etc.*, March 15, 1882.):

1. One-sided traumatism of the spinal cord brings on marked paralysis but no skin lesion.
2. A few days after the injury, when inflammation has commenced, an eruption of herpes shows itself on the same side.
3. This eruption soon disappears.
4. Simultaneously with the herpes appeared a sclerosis of the skin.

The author believes that the anterior horns of the cord must be affected, not to mention other unknown factors, in order to bring about nutritive dermatoses.

Treatment of Wine-Mark by Electrolysis.—Dr. George Henry Fox read a paper in February before the New York State Medical Society treating of this subject and reproduced in the

Archives of Medicine, April, 1882. The object aimed at in electrolysis, scarification and puncture, is to excite sufficient inflammation to destroy the fine net-work of blood-vessels. The operation is similar that employed by the same author for the permanent removal of hair. A single needle or an instrument holding a number is attached to the negative cord of a constant current battery. There is little pain experienced and but slight injury to the skin. In about three weeks the effect becomes manifest, although it may be so slight as to necessitate a repetition of the operation.

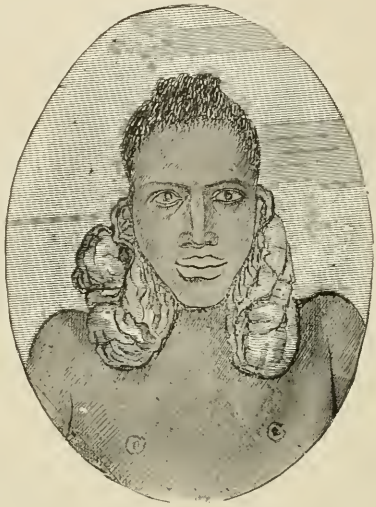
As objections to the method are mentioned that it is tedious and painful. There is a slight danger of causing suppuration and superficial sloughing of the skin.

The author concludes as follows: As a summary of my experience I may state briefly that wine-mark is not as is commonly imagined, beyond the reach of surgical skill; that the most unsightly and disfiguring cases can be greatly improved if not entirely removed; that in few if any cases can the work be taken away without leaving faint scars, or, at least, a change in the character of the skin; that electrolysis, in my judgment, furnishes the best means of treatment, and that it is especially adapted to these cases in which the mark is more or less venous in character and of a dark purplish color.

Auricular Growths.—Wm. Allen writes to the Dublin *Journal of Medical Science*, and reproduced in the *Medical and Surgical Reporter*. The following interesting case came under my care in 1882: B. Bahoo, aged sixteen years, presented himself for admission into the Victoria Hospital, in order that he might receive surgical treatment for two large auricular growths. Through an interpreter the following was obtained: He had his ears pierced for earrings when eight years of age. Shortly after the operation the tumors appeared, and when examined had attained the following proportions: The right tumor attached to the lobules of the ear, and having cutaneous attachments to the parotid and mastoid regions, measured from above downward nine inches, and in circumference fourteen inches; lobulated, hard and firm to the feel. The left tumor, smaller than the right, and having a somewhat similar attachment, measured from above downward nine inches, and ten inches in circumference. A small portion of the posterior inferior part of this tumor exhibited leucoderma, while the anterior inferior end of the right tumor showed signs of commencing degeneration. After placing him for a few days on preparatory treatment, I ligatured the base of the right tumor with some little difficulty; the first ligature though strong, giving way. The nutritive supply of the tumor having been interfered with, I dissected it off from its attachments, removing a portion of the ear and surrounding tissue, to prevent if possible, a recurrence of the growth; weight on removal, two pounds twelve ounces. I repeated the

same operation with the left tumor, but passed a double ligature through the centre of the pedicle, on account of its size, tying it anteriorly and posteriorly; weight on removal, one pound

Fig. 10.



Case of Auricular Growths.*

twelve ounces. There was a fair amount of arterial hemorrhage, on account of the arteries supplying the tumors being unable to contract. Pressure on the common carotid and torsion were of service. The after treatment consisted of rest and a pill containing opium and quinine. The parts are washed daily with carbolic acid lotion, and afterwards dressed with zinc ointment. No glandular enlargement existed at any time. The growths are probably of a fibro-plastic nature.

Urticaria.—Rhoé has found a lotion of a drachm of benzoic acid to a pint of water the best antipruritic. Labbée lauds highly the arseniate of sodium, in full doses, internally, in chronic urticaria.

Hyperidrosis.—Dr. T. H. Currie writes to the *Michigan Medical News*, that he has a remedy good for excessive sweating from whatever cause (?). It is as follows:

℞ Alcoholis Oj.
Quinia Sulphat. ℥j.

S. Wet a small sponge with it and bathe the body and limbs, a small surface at a time.

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* We are indebted to the kindness of Dr. Brinton, editor of the *Medical and Surgical Reporter* for this cut.

Editorial.

Article. CII.

OUR STATE MEDICAL ASSOCIATION.

The last meeting held in Hannibal was a success in point of numbers, it being the best attended for years. But unfortunately we cannot compare with other States in point of work. There is too much time devoted to trivial and unimportant matters and not enough to important and scientific ones. The smallest thing cannot be done without being attended by lengthy discussions from those who have spent no thought upon the subject. Committee work amounts to nothing, whereas in all well organized bodies all the work is done in committee.

Local quarrels should be left out of the body, and after a committee makes a report which has taken perhaps months to elaborate, it should be reviewed without debate, especially when the matter is one of but little importance. Had this been done, the disgraceful scenes at Hannibal would have been avoided.

There is another thing which will tend to discourage *the workers*. Many were present anxious to do something in the way of shaping legislation for the coming meeting of the legislature, and not an effort was made. It would have been useless as a lengthy debate would have followed and the resolution would, doubtless, have been tabled.

Again, some were anxious to have the Constitution so amended as to have a permanent membership established, instead of one changing each year. If such a measure had been adopted, the Association would soon count a membership running into the thousands.

We wish Missouri to compare favorably with her sister States, and to do this we want every one to help and not be restrained and bound down by narrow interests.

The Constitution of the Missouri Medical Association should be so changed as to permit all the time to be devoted to the reading and discussion of papers and committees so arranged as to permit them to transact all the necessary business without interfering with the true purpose of the meeting.

Members are becoming more and more dissatisfied each year, and if things continue in the present course, it will not be many years ere this Association will be numbered among the things of the past and will go to a merited oblivion

"Unwept, unhonored and unsung."

In Memoriam.

Article CIII.

JOHN T. HODGEN, M. D., LL. D.

ST. LOUIS MEDICAL SOCIETY.

The following tribute to the memory of Dr. John T. Hodgen was made by the St. Louis Medical Society, May, 6th. 1882.

Dr. Wm. Dickinson, the President, made the prefatory remarks as follows:

Within a brief space, from the fields of literature, poetry, philosophy and science death, The Great Reaper, has gathering a rich harvest. Darwin, Longfellow, Emerson, Pancoast and Hodgen have finished their labors and entered into rest!

On the evening of April 28th an event transpired in Concord Mass. which cast a gloom over, not only an immense circle of acquaintances and friends in that vicinity, but throughout the entire republic of letters; for Ralph Waldo Emerson had just died. And on the 30th., an assembly of thousands convened from city, town and hamlet to pay their last tribute of respect to the memory of the poet and the philospher.

By a notable coincidence, at the same hour of the same day, in this city, a great luminary in the scientific firmament was extinguished; and at the same hour of the same quiet Sabbath and on a like occasion as the former, was enacted a scene without a precedent in the history of St. Louis. An unnumbered multitude, moved by a common impulse, assembled to honor departed worth and to testify its participation in the common bereavementby the death of Dr. Jno. T. Hodgen.

The death of the aged, infirm in body and mind, excites no surprise, for nature has so ordained; but in the presence of this event, which has fallen like the thunder-bolt from a serene sky, which has prostrated and borne away a brother, just in the vigor and maturity of manhood, in the ripeness of his experience, in the midst of a wide and constantly extending domain of usefulness, we stand amazed—appalled. That such a man should be thus snatched away,

> "Nor Gabriel asks the reason why;
> Nor God the reason gives—
> Nor dares the fav'rite angel pry
> Between the folded leaves."

In one short day Death did his destined work. Sorrow shrinks from publicity—tears seek solitude—therefore, convened in these retired precincts, sacred to science it is meet for us, as a medical household to indulge in demonstrations befitting the hour and place.

Upon this society falls this event with unwonted heaviness—a brother singularly honored has fallen—another seat is vacant—another voice is hushed; that voice to which for years we have listened ever with interest and profit: for he never spake that he did not instruct, never discussed a subject that he did not adorn.

The death of other associates worthy and respected, whom we regarded as bright lights in our profession, we have commemorated and have felt the inadequacy of words to express our sentiments of appreciation of the loss sustained; what measured periods, then, shall we now invoke in which to invest our sense of the deep pall which has come down upon us like night, when a *sun* is stricken from our social system.

It was said of Emerson, "he was not voluminous but he was comprehensive; and the subject, that once passed through his hands, however briefly, was exhausted." With equal fidelity to truth may the same eulogium be pronounced of our departed friend, whose closing history was so similar in circumstance and simultaneous in time.

As the rays from some remote fixed star, familiar to the eye, if *itself* were suddenly annihilated by the fiat of the Almighty, would *still* for years continue to reach the eye of the beholder, so, though death has removed his visible presence, will the memory of our friend and associate abide with us for years yet to come.

Mr. President:

In the noon of life, surrounded by hosts of friends and admirers, while in the active discharge of duty and with a fair promise of many additional years, almost without warning, death has stricken our honored leader, devoted counselor and friend. With hearts bowed down in the presence of a great bereavement we inscribe this tribute to the memory of John Thompson Hodgen, M. D., who was born near Hodgensville, Hardin county, Ky., January 17, 1826, and died at St. Louis, Mo., April 28, 1882, aged fifty-six years, three months and eleven days. On the paternal side he was of German and French extraction, while English and Scotch blood was derived from the mother. The father, Jacob Hodgen, married Frances Parke Brown. He was an elder in the Reformed Church, and removed with his family from Hardin county, Ky., in April, 1833, to Jacksonville, Ill., and in June following located in Highland, Pike county, till January, 1838, when, in order to obtain greater advantages of education for his children, he settled permanently in Pittsfield, of the same county and State.

At the age of nineteen years the subject of this memoir was sent to Bethany College, Virginia, and remained one year, when he returned to the paternalro of and commenced the study of medicine with Dr. Worthington, of that vicinity. He matriculated at the Medical Department of the Missouri State University in the fall of 1846, and graduated from the same institution in March, 1848. At once he became an assistant resident physician of the St. Louis City Hospital, in which capacity he continued for a year, and leaving, emigrated to the then newly discovered gold fields of California, when, after a few months, he returned to Pittsfieldand commenced the active duties of his profession. He was fortunate in almost immediately successfully performing several capital surgical operations, and finding the place a pent-up Utica, confining the aspirations of his genius, he returned to this city and was immediately appointed Demonstrator of Anatomy in his alma mater. In 1851 he was made Adjunct Professor of Anatomy and soon thereafter elected to the chair of physiology. Discharging with great ability the requirements of this position he was next made Professor of Anatomy and held the chair with honor until the spring of 1862, when, from causes growing out of the late war, the college suspended. Having demonstrated the possession of superior qualities as a lecturer, he was not permitted to pursue a quiet life, but was elected to the chair of Physiology and Medical Jurisprudence in the St. Louis Medical College September 15, 1862, and was transferred January 20, 1868, to that of Anatomy, Military Surgery and Clinical Surgery at the City Hospital. This professorship was afterwards designated as that of Surgical Anatomy, Special Fractures and Dislocations and Clinical Surgery at City Hospital. During the recent civil war he rendered efficient service as Surgeon-in-Chief of the Fifth Street Hospital, and was afterwards appointed Surgeon-General of the State. He was elected a member of the St. Louis Medical Society August 21, 1858; became its treasurer in 1859, was elected vice-president in 1861 and president in 1870. He served also as president of the American Medical Association in 1881.

He married Elizabeth D. Mudd—a lady of Polish extraction, whose family settled in Maryland at the advent of Lord Baltimore, and who survives him with two of the four sons borne to them. For thirteen years he was associated in practice with Dr. E. S. Frazer and afterward with his nephew, Dr. H. H. Mudd, who is the surviving partner.

His was a mind comprehensive, discriminating and profoundly concentrative. Equal to every emergency he triumphed over obstacles most formidable. Extensive observation with vast experience inspired his creative memory, which ever evolved original thought, new methods and admirable instrumental inventions. Laboriously he absorbed the ideas of others only to discriminatingly accept the true and reject the false. With him the greatness of an author was no shield of protection, barring

close scrutiny and forbidding just censure, but with characteristic justice he awarded praise wherever it was due, and denounced error wherever found. Conscientious in the highest degree, the actuating principle of his life was the complete discharge of duty. Indefatigably he labored for the welfare of his fellow-man and the glory of his profession. To alleviate the sufferings of afflicted humanity was the prompting of his nature, nor was his conduct influenced by social or monetary considerations, for with equal energy, industry and ability he ministered alike to rich and poor, to high and low. Like Divinity he was no respecter of persons. Acknowledging the universal brotherhood of man, his charity and works were limited only by his mental capacity and physical endurance. He was untiring in his efforts to advance the standard of scientific medicine—to add additional honor and glory to his beloved profession. Of all men the least self-seeking, he shone brightest and was happiest in the reflected light of brilliant professional achievements.

His was "the art of being and doing good." This exemplified his religious faith. His life illustrated the noble sentiment, whether in the domestic circle, surrounded by a loving wife and affectionate children, or in the midst of professional brethren; in the wards of the hospitals, by the lowly cot of the laborer, with the lordly master of the mansion, at the lecturing-desk, or wherever placed, to be or to do good was his object.

For him there was no rest but in the grave. Loving labor, and endowed with unusual physical strength and activity, backed by extraordinary reserve forces, he successfully accomplished the herculean tasks incident to a practice commensurate with his extended reputation. And if he sought relief from the arduous routine of professional obligations, it was on the floor of some distant State, National or International Medical Congress, where he revelled in the society of professional brethren and indulged in the exchange of scientific thought. Tenacity of purpose characterized him. Convinced of the justice and truth of a position, his persistence till favorable conclusions crowned his efforts was unflagging. To an honorable antagonist he was as courteous as a knight of old. Vigorous, incisive, courageous, yet cautious, asking and giving no quarter, he was a foeman worthy of any man's steel.

From Joseph Nash McDowell, the first great surgeon of the Mississippi Valley, he obtained his knowledge of anatomy and surgery. Beloved by his preceptor, who from the first discerned his genius and predicted his greatness, he was early entrusted with mighty professional responsibilities. From this grand source he drew primarily his inspiration. Later he was connected with Charles A. Pope, then in the zenith of his glory and justly regarded as the foremost surgeon of the West. Death claimed both McDowell and Pope and the mantel of their greatness fell upon the worthy shoulders of their student, colleague

and companion. At once he came to the front an embodiment of the genious of the formerand grandeur of the latter engrafted upon his native stock of admirable qualities and gigantic attainments.

With a mind filled to repletion with massive thought and intent upon the faithful discharge of onerous duties, he was chary of words and dispatched business affairs with a promptness, which in those who met him, casually created a suspicion of abruptness, an error of judgment patent to his intimate friends, who in his relaxation, basked in the sunshine of his kindly eyes and revelled in the flow of his wit and wisdom. To his fostering care and administrative ability a great school of medicine owes much of its reputation. As Dean of its Faculty he originated and consummated measures for its establishment upon a broader basis of learning. His colleagues feel his departure with emotions akin to despair. He was the driving-wheel of the institution, and till Providence provides a successor, the spirit of the departed leader alone can control and direct. As a teacher of surgery he was incomparable. Estimating accurately the capacity of his class he delivered in condensed form the practical instruction which was impressed most durably, and throughout the great West his success is manifest in the labors of many surgeons who deplore his untimely death, commingling their tears with ours.

In consultation he was a safe counsellor and reliable friend. True to his guild he protected the younger and less experienced practitioner, and while indicating the path of safety, wounded no tender sensibility, sought no unfair advantage, but cheered his brother in the faithful performance of duty and left him more secure in the confidence of his patient and with heightened respect and love for the great surgeon. The rich fruitage of his arduous labors was being garnered. Honors were clustering thick about him and reputation as surgeon, scientist, lecturer and citizen was broadening. Grand enterprises in hand and soon to be consummated promised cosmopolitan fame. Already wherever the English tongue is spoken he had become a surgical authority. A few years more of life and he would have inscribed his name on the pinnacle of fame with those which were not born to die. The memory of his good deeds and grand achievements we cherish in our heart of hearts.

With this tribute, tendering our sincere condolence to the bereaved family, we follow the body of our friend to its resting place in beautiful Bellefontaine, and as we return from the sad mission and resume the burden of our daily toil, it is with a firm resolve to emulate his illustrious example.

Chas. W. Stevens, M. D.,
Le Grand Atwood, M. D.,
Thos. F. Rumbold, M. D.,
S. Pollak, M. D.,
G. Hurt, M. D.,
Committee.

also by his election to the high honor of President of the American Medical Association.

The medical profession of the city of St. Louis, assembled to bear testimony to his qualities of mind and heart, the mere recital of which is his best eulogy, feel that the memory of his life-long service in cultivating science, the duties, the humanities of the healing art will be the guiding example of the disciples and colleagues who now mourn his untimely death.

LEGRAND ATWOOD, M. D.,
CHAS. W. STEVENS, M. D.,
G. BAUMGARTEN, M. D.,
WILLIAM DICKINSON, M. D.
ELSWORTH F. SMITH, M. D.,
Committee.

ALUMNI OF ST. LOUIS MEDICAL COLLEGE.

The Alumni of the St. Louis Medical College, called together to consider the death of Prof. John T. Hodgen, mournfully make this memorial record.

His brief, painful illness and sudden death have stricken us with an inexpressible sorrow.

He is cut off in the midst of a brilliant and useful career as a successful surgeon and teacher. He was the pride of the school, as his fame was the glory of our profession. We loved him for his goodness and greatness.

His consistent character charmed us equally with his skill.

Often tried in medical council, he was never found wanting in helpful aid, and no operative emergency ever found him lacking in resources of expedients to the fullest measure of human skill.

His life was a constant lesson to us all of the essentials to professional success, the embodiment of the persevering industry, steady and honest purpose, unostentatious and truthful endeavor.

The cosmopolitan fame he had already won by these virtues at the comparatively early age of fifty-six years, in defiance of many obstacles, had led us to look hopefully to a still more glorious future.

As a laborer in the profession, he was indefatigable and always effective. "Whatever his hand found to do, he did it with his might."

As a teacher he was exceptionally concise, practical and impressive; as a man and a friend he was plain, sincere and true.

In his untimely death, notwithstanding what he has already contributed to surgery, we have met with an irreparable loss and we share in the common professional and popular sorrow.

The family of the deceased have our profoundest sympathy in the dark hour of their deep affliction, and the Faculty our condolence in their great loss.

PHYSICIANS OF ST. LOUIS.

The following is the memorial of the profession of St. Souis:

In the death of Dr. John T. Hodgen, the medical profession of St. Louis and of the Mississippi valley mourns the loss of its best man. A man absolutely honest, of a most delicate sense of honor, loyal to the highest conceptions of duty, just and generous to all men, untiring in doing good to all who would permit him to serve them, loving and tender as none could guess until they had personal experience of his goodness; thoughtful and delicate in his manner of serving others, that he might at once render the most effective service and avoid the impression of obligation incurred; wise as they only are wise who make their acquisitions in knowledge a part of their own being; ready and prompt to act in the presence of the most unexpected complications; strong in his own well-grounded convictions; yet ever open to receive new suggestions; a man preeminently of actions rather than words, and performing always more than he promised, Dr. Hodgen combined qualities which go to make up the best type of manhood and which won for him a love and respect which grew with knowledge of him and with the accumulated experience of benefits at his hands.

A graduate of the Medical Department of the University of the State of Missouri, he at once became assistant resident physician to the City Hospital, and filled successively positions in his alma mater as a teacher in the fields of anatomy and physiology. Upon the suspension of the college at the beginning of the civil war he was called to the chair of Physiology in the St. Louis Medical College, and was assigned the duties of Dean of the Faculty, an office which he fill up to the day of his death. Later he was appointed to the chair of Anatomy, and was appointed still later to the chair of Surgical Anatomy and Fractures and Dislocations. From his first connection with the college he filled also the position of Professor of Clinical Surgery at the City Hospital.

As an instructor, the influence for good which he exerted upon the minds and in the professional training of the alumni of this school is incalculable; as a member of the faculty, his persevering and steady advocacy of advance in the direction of more perfect teaching has been a chief agency in making such advance possible.

With the outbreak of the civil war new fields of activity opened before him as advisory surgeon to the Western Sanitary Commission, as Surgeon in charge, of the Fifth Street Hospital, and as Surgeon-General of the State of Missiouri.

From the duties of these positions, actively pursued until the close of the war, he emerged as the trained surgeon, destined soon to assume a rank among the first in the land, as was attested

Though we shall never see his like again, his memory will abide long in our hearts as that of a man of wise and prudent councils, of few but weighty, kind and timely words and many great and noble deeds.

He has left an ineffaceable impress of his professional and moral worth, intellectual strength and personal character—consistent, perfect, complete.

In the shadow of so great a bereavement we can only record the greatness of our loss. We cannot now attempt to recount his many noble deeds and great achievements. It is too soon after the death of our friend to count the jewels he has left us and the profession, but they will shine brightly for all time and illumine the pathway of those who come after us, as they brighten the way of those whom he now leaves behind him. He lived and labored for all time.

C. H. Hughes, M. D.
Chas. V. F. Ludwig, M. D.
M. A. McCandless, M. D.
Committee.

SOUTHERN ILLINOIS MEDICAL ASSOCIATION.

At the Annual Meeting of the "Southern Illinois Medical Association," held at Carbondale, Jackson Co., Ill., May 17 and 18, 1882, Dr. L. Dyer, of DuQuoin, committee on necrology, presented the subjoined paper on the death of Dr. Hodgen, of St. Louis, as a tribute of his exalted character, and the affectionate remembrance in which his name will be held.

The Secretary was instructed to send a copy of the same to the family of the deceased, with the assurance of our deepest sympathy, in this their great sorrow.

Copies were also ordered sent for publication to the St. Louis Medical and Surgical Journal and the *St. Louis Courier of Medicine*.

Mr. President, It has been often said that death loves a shining mark. Certain it is, that when Dr. John T. Hodgen died, a brilliant star went out—a star that had added extraordinary lustre to the galaxy of distinguished American physicians whose names are inscribed upon the scroll of fame.

To know him as we knew him was to love him and to honor him, as friend, companion and brother. To listen to him as we have often done, whether in the lecture-room or on the platform, as words of wisdom flowed from his eloquent lips, was to drink them in and be both charmed ane profited thereby.

As an honorary and corresponding member of the Southern Illinois Medical Association, we deeply mourn his death and miss him here, as he will be mourned and missed everywhere; but we shall meet him and greet him never, never more.

Dr. Hodgen died at his home in St. Louis, on the evening of

April 28, 1882, in the full noontide of his professional career. We, and the people at large, bow down under a profound sense of the great loss we have sustained.

Possessing as he did, a high order of genius, a comprehensive and well-balanced mind, exact in his knowledge of medical science, of disease, conservative, judicious and skillful as a surgeon, it is no wonder the practitioners of many years, no less than the younger members of the profession, recognized in him the master mind, the safe counselor and successful operator.

Strictly observing the ethics and amenities of professional and social life, with an enviable reputation abroad as well as at home, he was always approachable, artless, modest and unselfish. He was a made man, and the "friend of humanity." Right and justice were his guiding star.

Mr. President and Gentlemen, let us strive to imitate and emulate the virtues and the excellencies of this distinguished man, remembering that to be supremely great, is to be supremely good.

All that is mortal of our departed brother, lies buried in the silent tomb. We drop the tear of sorrow over his new made grave, and decorate it with never fading flowers, but his immortal spirit has burst the confines of the grave—passed through the portals of death, and ascended to meet his God—passed,

> That belt of darkness that seems to bar the way,
> Long, low and distant;
> Where the life that is,
> Touches the life to come.

Obituary.

Article CIV.

William Niehaus, M. D.

At a meeting of the medical profession held Saturday, May, 13, 1882, the following resolutions were adopted:

Whereas: The Members of the Medical Profession of St. Louis have learned of the sudden and early death of William Niehaus M.D., formerly a member of the St. Louis Medical Society, who died on the morning of the 7th inst.; in token of our full appreciation of his therapeutic and surgical attainments and practical skill and success in the specialty to which he was particularly devoted; and also for his honest, honorable and benevolent disposition, we record the following resolutions in grateful respect to his memory.

Resolved: That in the death of Dr. Niehaus the medical profession of St. Louis has lost one of its most honorable, upright and respectable professional brethren, whose urbanity, philanthropy and genuine congeniality we have always esteemed and admired.

Resolved: That we fully recognize his sound judgment and practical talent and successful treatment of the diseases pertaining to the particular specialty to which he was principally devoted.

Resolved: That we most sincerely mourn the loss of our brother, so characterised with modesty, honor, honesty and professional talent.

Resolved: That we tender to the family and friends of the deceased our heartfelt sympathy and condolence for this sad bereavement and affliction.

Resolved: That these resolutions unanimously adopted at a meeting of the medical profession of St. Louis, be published in the Medical Journals and secular newspapers of the city and copies thereof be furnished to the family and friends of the deceased.

Book Reviews.

Article CV.

Transactions of the Medical Association of Missouri, at its Twenty-fourth Annual Session held at Mexico Mo., May 17 18 and 19, 1881, 8 vo., pp. 199. (St. Louis: J. H. Chambers & Co., 1881.)

The contents of this volume are perhaps as good, if not better than those of previous volumes. When we look at the comparatively small size of the volume we cannot but wonder that so little scientific work should be gone over by the association. The papers presented are for the most part good, and as all or nearly all have long since been printed in journals and read, no criticism need here be attempted.

A System of Surgery, Theoretical and Practical in Treatises by Various Authors. Edited by J. Holmes, M. D., Cantab, First American from the Second English Edition, thoroughly revised and much enlarged, by John H. Packard, A. M., M. D., assisted by a large corps of the most eminent American Surgeons. In three volumes, with many illustrations, Vol. I. 8 vo. pp. 1007. Vol. II. pp. 1063. Vol. III. pp. 1059. (Philadelphia; Henry C. Lea's Son & Co., 1881. St Louis: J. H. Chambers & Co.)

We can do nothing but commed this admirable work. It is a complete review of surgical practice and as a reference book it will prove invaluable. Many of the chapters have been entirely rewritten by American Authors and all have been carefully and conscientiously revised.

Were we inclined to find fault with the work it would be that there is not more of it; but we always ask for more of a good thing.

The articles are intended more to illustrate general principles than particular subjects. For instance, Dr. Van Harlingen disposes of Skin Diseases in one hundred pages in an admirable manner, but not as fully as many would consider it necessary. This is the case with almost every subject and naturally so, as the domain of surgery is so extensive that an exhaustive treatise

upon it would embrace a large library. This work deserves and will no doubt meet with a large success. .

The Therapeutics of Gynecology and Obstetrics. Comprising the Medical, Dietetic, and Hygienic Treatment of Diseases of Women. Second Edition, thoroughly revised and enlarged. Edited by Wm. B. Atkinson, A. M., M. D., 8vo. pp. 671 (Philadelphiai: D. G. Brinton, 1881. St. Louis: Hugh R. Hildreth Printing Co.)

We reviewed the first edition not long ago, and are called upon to examine this, the second one. It possesses the good points of the other with many additions and much that was not acceptable has been judiciously omitted.

The present edition contains nearly two-hundred additional pages of matter drawn chiefly from European sources. If the process of amelioration keeps on at this pace our readers had better wait for a third edition which will doubtless be of such great excellence as to repay their tardiness. However, we can safely commend the present one as a good work of its character and as fairly representing the practice of men eminent in the profession although we still find the names of some prominent by their obscurity.

A Text-Book of Physiology. By M. Foster. A. M., M. D., F. R. S. Second American from the Third and Revised English Edition. With extensive notes and Additions. By Edward F. Reichert, M. D., with 259 illustrations, 12mo., p. 698. (Phila. Henry C. Lea's Son & Co. 1881. St. Louis: Hugh R. Hildreth Printing Co.)

The first American edition of the text-book was reviewed in a former number of the Journal and it would be quite superfluous to repeat any of the words of commendation used upon that occasion. The fact that so many editions of this sterling work have been called for attests sufficiently its merits. This hand-book is admirably adapted to the needs of students, more so, perhaps, than the larger work which is rather intended for the careful reading of the more advanced physiologist.

The present edition has been revised carefully and several figures have been added to make the text more clearly intelligible It has long since taken the foremost place of all text-books upon physiology, treating more purely of experimental and logical physiology than the works we have generally been accustomed to read. We are confidant that, at the present rate, a new edition will again be forthcoming, both on account of the rapid sales experienced and of the many new discoveries being daily made.

Books and Pamphlets Received.

Article CVI.

Medical and Surgical Reports of the City Hospital of the City of Boston. Third Series, Edited by David W. Cheever, M. D., Oliver F. Wadsworth, M. D., and A. L. Mason, M. D. 8vo., pp. 390. (Boston: Published by the Trustees, 1882.)

Electricity in Surgery. By John Butler, M. D. 12mo., pp. 109. (New York and Phila.: Boerick and Tafel, 1882.)

Proceedings of the American Society of Microscopists. Fourth Annual Meeting, held at Columbus, Ohio, Aug., 9th to 11th, 1881. 8vo., pp. 102. (Buffalo: Bigelow Brothers, Steam Printers, 1881.)

Indiana State Board of Health. Rules and Regulations issued by the State Board. To this is added a Nosological Table, prepared and published by the State Board of Health. 8vo., pp. 51. (Indianapolis: Wm. B. Burford, printer, 1882.)

Observations on Hemiplegia, based on Eighty-One Recorded Cases, with Special Reference to Cerebral Localization. By A. D. Rockwell, A. M., M. D. (Reprinted from the *Medical Record*, April 29, 1882.)

The Opium Habit; its Successful Treatment, by the Avena Sativa. By E. H. M. Sell, A. M., M. D. (Reprint from the *Medical Gazette*, April, 22, 1882.)

Current Fallacies about Vaccination. A Letter to Dr. W. B. Carpenter, C. B., etc. By P. A. Taylor, M. P. Second Edition of 100,000. With additional remarks on Dr. Carpenter's Article on Disease-Germs, in the XIX Century Magazine, for October. (London: E. W. Allen, 1881.)

The Death-Rate of Memphis. By Geo. E. Waring, Jr. (Reprint from the *American Architect*, March 25, 1882.)

The "Essentials" of a law to regulate the Practice of Medicine in Indiana. By Thad. M. Stevens, M. D. (Read before Mitchell, (Ind.) Dis. Medical Society. Dec. 28, 1881.)

Our Thirtieth Year; Annual Address, before the Kentucky State Medical Society. By J. W. Holland, M. D. (Louisville, Ky.: John P. Morton & Co., printers.)

Ovariotomy: Difficulties, Diagnostic and Operative; Continued Menstruation after Ovariotomy. By Geo. J. Engelmann,

M. D. (Extracted from the *American Journal Medical Sciences*, April, 1882.)

Working Bulletin for the Scientific Investigation of Jamaica Dogwood.

Working Bulletin for the Scientific Investigation of Cascara Sagrada.

Working Bulletin for the Scientific Investigation of Quebracho.

(Sent out by the Scientific Department of Parke Davis & Co.)

Civilization in its relation to the Decay of Teeth. An Essay read before the international Medical Congress, August, 1881. By Norman W. Kingsley, M. D. S., D. D. S. (New York: D. Appleton & Co.)

Galvano-caustic Method in Nose, Pharynx and Larynx. Read before International Medical Congress, August 1881. By J. Solis Cohen. (London: J. W. Kolckmann, 1881.)

True Aneurism of the Brachial Artery at its upper Third, Cured by Compression Maintained fer Ten Hours by Means of a Conical Pad, with a résumé of the literature of the subject. By L. Emmett Holt, A. M., M. D. (Extracted from the *American Journal of the Medical Sciences*, April, 1882.)

Hygiene in Relation to the Eye. By C. J. Lundy, M. D. A Paper read before the State Sanitary Convention, at Ann Arbor, Feb. 28, 1882.

Acute Plastic Bronchitis. By J. P. Kingsley, M. D. (Reprint the *St. Louis Courier of Medicine*. March, 1832.)

News Items.

ARTICLE CVII.

Dr. W. Bedford Craig, of St. Joseph, Mo., has moved his residence to Denver, Col.

Dr. Wm. Dickinson, of this city, has been invited to deliver a course of lectures on the "Eye," at the Medical Department of the State University.

Dr. Mulhall, of this city, intended presenting Dr. Shurley's electrodes to the members of the State Association, but was not enabled to do so through a mistake.

Dr. Pinckney French, of Mexico, Mo. has been tendered and has accepted the chair of Surgical Anatomy in the College of Physicians and Surgeons of Chicago.

The younger element of the Mo. Medical Association found a fitting recognition in the nomination of Drs. French and Lutz as Vice-Presidents for 1883.

THE St. Louis Hospital in charge of the Sisters of Charity is one of our best hospitals and they have recently procured an easy ambulance by which patients will be conveyed to the hospital free of charge, at any hour of the day or night. Their telephone number is 962.

The institution has been so long and favorably known that we need not refer to its particular advantages.

The Seventh Annual Meeting of the Grand River Medical Society will take place at Chilicothe, beginning June 6, and continuing three days.

A number of papers will be read; among them, one by W. R. Simpson, M. D., on "Entero-Colitis in Infants," and one by G. C. Dewey, M. D., on "Uterine Hemorrhage after Abortion.

All members are urged to attend.

E. A. WAGGENER, M. D., Pres.
A. L. MCCORKLE, M. D., Sec.

DR. Edw. Borck, secretary of the College for Medical Practitioners and Surgeon in charge of the Children's Department,

has opened a temporary Clinic for the surgical treatment of children at his office cor. 4th. and Market Sts. To maintain it he asks the assistance of all to obtain the following articles:

Dressings, old linen, such as table cloths, sheets, bandages, flannel, chamois skin, etc. Food, condensed milk, ground oat meal or barley, Miller's or Liebig's Infant Food, beef and malt extracts, etc. Appliances, trusses, shoulder braces, or any orthopedic apparatus, etc. Any old apparatus acceptable as they can be refitted. Medicines.

He also suggests that a children's hospital is greatly needed and all who feel inclined to contribute to such a laudable undertaking are invited to do so. Any sum of money, "no matter how small" you may feel inclined to give, toward a special fund for the establishment of such a Hospital will be received and invested for that purpose only, and duly acknowledged and accounted for by the undersigned Trustees of the College.

DR. THOS. F. RUMBOLD, Dean 1225 Washington Avenue; COL. FRED. T. LEDERGERBER, Att'y at Law. Treasurer. 100 N Fourth Street; or, DR. EDW. BORCK, Sec. and Surgeon in charge of Children's Department. S. E. Corner Fourth and Market Streets.

THE Secretary of the Surgical Section of the American Medical Association has the following progress to report, in regard to papers for the next meeting:

Prof. A. C. Post, "Lupus Exedens of Face;" Dr. J. R. Weist, "Elastic Tension in the Management of Cases of Delayed Separation of Ligature;" Dr. Henry A. Martin, "Advances in Conservative Surgery of the Joints;" Dr. Carl Seiler, "Some Remarks upon Electricity in Surgery;" W. M. Fuqua, "Subperitoneal Surgery;" Dr. A. Van Derveer, "Cleft of Hare Palate;" Dr. Oscar J. Coskery, "Modification of Plaster Splints;" Dr. C. W. Nesbitt, "Ununited Fracture of Femur Treated by Exercise;" Dr. John E. Link, "Alcohol as an Anæsthetic;" Dr. William Hill, "Laparotomy;" Dr. Ephraim Cutter, "Bi-Fracture of Patella, Partial Bony Union After Eight Years;" Dr. Wm. Stewart, "Fracture of Elbow Joint." Drs. J. W. Dora, Joseph H. Warren, Henry O. Marcy, Edward Borck, and B. H. Riggs, promise papers, titles not received. The Secretary, owing to the death of the chairman, will read a paper on "Excision of Portions of the Alimentary Canal Covered with Peritoneum," as the address on Surgery. Gentlemen wishing to read papers will please notify the Secretary of the Section. William A. Byrd, M. D., 407 Jersey street, Quincy, Illinois.

THE American Society of Microscopists will hold its Fifth Annual Meeting at Elmira, N. Y., beginning Tuesday, Aug. 15th, 1882, and continuing four days.

Members, and those desiring to become such, are requested to notify Dr. Thad. S. Up de Graff, Sec'ty Elmira Microscopical Society, of their intention to be present.

The meeting is expected to be a large and interesting one and the Society is on the high road to success. The present President is Dr. Geo. E. Blackham.

THE Fourth Annual Congress of the American Laryngological Association will be held in Boston, commencing on Monday, June 12, 1882, at 10 A. M., and continuing during the two following days, sessions being held each morning and afternoon.

The council has adopted the following subjects for discussion:

1. The singing voice, its physiology, pathology and treatment. 2 The nature and forms of laryngeal ulcer. 3. On the utility or non utility of local applications in chronic catarrhal laryngitis. 4. Ozæna, its pathology and treatment.

The volume of transactions for 1881 will be ready for distribution within a few days.

The secretary, Dr. Geo. M. Lefferts, requests that the titles of all papers to be read, not yet received by him, may be sent in at as early a date as possible before the meeting.

Dr. Fred. J. Knight, the presiding officer of this Association has invited the Medical Faculty of Harvard University and the Physicians and Surgeons of the Massachusetts General and City Hospitals to meet the Fellows of the Association, Monday eve., June 12, 1882, at 9 o'clock, at 131 Rolston Street.

To THE FELLOWS of the American Laryngological Association;

Please inform the Committee of Arrangements for the fourth Annual Congress if you expect to be present at the Annual Dinner, at the Parker House, Boston, Tuesday evening June 13.

As the city may be crowded at this season of the year, the committee would be glad to engage rooms for any Fellows, so desiring, at Parker's or Young's, our best hotels on the European plan.

S. W. LANGMAID, M. D.,
Chairman Com. of Arrangements.
129 Boylston Street,
Boston, Mass.

THE undersigned committee have been intrusted by the Alumni Association of the St. Louis Medical College, with the preparation of a suitable memorial of the late Prof. John T. Hodgen.

It is intended that the proposed memorial shall be expressive of the high esteem of all who were so fortunate as to know Dr. Hodgen, and the committee are confident of the hearty support of the profession in the undertaking which they are about to inaugurate.

The committee have decided, after mature deliberation, to procure a marble bust and an oil portrait of Dr. Hodgen, and they respectfully solicit subscriptions.

All communications for this purpose are to be addressed to Dr. Frank J. Lutz, 2002 Carondelet Avenue, St. Louis, Mo.

Wm. L. Barrett, M. D., Willis P. King, M. D.,
John Green, M. D., Wm. A. McCandless, M. D.,
J. Friedman, M. D., Frank J. Lutz, M. D.,
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E. C. Simmons, Esq., Rev. S. J. Niccols, D. D.
W. S. Marshall, M. D., Prof. G. M. B. Maughs, M. D.,
Associate Committee.

THE LOUISIANA STATE MEDICAL ASSOCIATION.—This society was organized by a convention of the physicians of Louisiana, five years ago; at the last annual meeting the following officers were elected for the year 1882: Dr. A. A. Lyon, President; Drs. J. P. Davidson, D. R. Fox, A. B. Anall, R. H. Day, W. W. Ashton and J. D. Hammond, Vice-Presidents; Dr. S. F. Salomon, Recording Secretary; Dr. G. K. Pratt, Treasurer; Dr. S. S. Harrick, Corresponding Secretary.

STANDING COMMITTEES.

On Judiciary. Drs. C. M. Smith, S. G. Richardson and H. S. Lewis.

Reports and Essays. Drs. Samuel Logan, A. B. Miles, F. W. Parham, John B. C. Gazzo and W. Hilliard.

On State Medicine and Legislation. Drs. S. C. Chaille, J. P. Davidson, T. J. Aleen, J. S. Harrick, G. A. B. Hays, P. B. McCutchon, J. W. Dupré and F. W. Parkham.

Publication. Drs. S. S. Harrick, S. F. Salomon and Geo. K. Pratt.

The next annual meeting was to take place at New Orleans, on the last Wednesday in March, 1882.

The following circular was addressed by the Corresponding Secretary of the Louisiana State Medical Society, to all members.

New Orleans, March 21, 1882.

Owing to the prevailing flood throughout the State, and consequent inability of a large majority of members to attend, it has deemed advisable to postpone the annual meeting of the Louisiana State Medical Society. Due notice will be given of the time and place of next meeting.

J. P. DAVIDSON, M. D., Vice-President.
S. S. HARRICK, M. D., Cor. Secretary.

American Medical Association.

St. Paul, Minnesota, May 12. 1882.

Editors Journal:

In anticipating the meeting of the American Medical Association in this city on the 6, 7, 8, and 9 of June prox., the Committee of Arrangements have secured the following rates from the various railroads centering at this point:

The Chicago Milw. and St. P. R. R. $12. 50 for round-trip ticket from Chicago to St. Paul and return, to delegates upon presentation of credentials at depot offices in Chicago.

The Chicago, St. P. Minn. and Omaha offer the same rates from Chicago and all points between Chicago and St. Paul two cents a mile for round-trip tickets.

The Minn. and St. Louis R. R. offers the same rates ($12. 50) from Chicago to St. Paul and return, via the Chicago, R. I. and Pacific R. R., and a rate of $18.00 from St. Louis to St. Paul and return, via St. Louis, C. B. and Q. R. R. (via Albert Lea.) Also one-fifth fare returning to all intermediate points.

All tickets on above roads good till July 10th.

The St. P. Minn. and Man. R. R. will give passes to every delegate, good for the entire month of June. It connects Minneapolis and Lake Minnetonka with St. Paul.

The Northern Pacific R. R. will return all delegates for one-fifth fare, and offers free transportation for the month of June to delegates, to the Yellowstone Valley and return.

The Hotels of St. Paul are the "Merchants," ($3 to $3. 50); "Metropoliton," ($3 to $3. 50); "Windsor," ($2.50); "Clarendon," ($2.50); "Sherman," ($2.50); "International," ($2.00); St. James, ($2.00); and "Commercial," ($2.00). The three first are provided with elevators.

Minneapolis, a city of sixty thousand, lies nine miles from St. Paul on the line of the St. P. Minn. and Man. road, and has fine hotel accomodations. Half-hourly trains connect the two cities. Trains run almost hourly to and from Lake Minnetonka.

Very respectfully, Alex. J. Stone,
Chm. Com. Arrangements.

Special rates to physicians and their families, wishing to attend the American medical Convention, at St. Psul, June 6:

The following rates include meals and berth.

St. Louis, Clarksville and Louisiana to St. Paul -	$12.00
" " " " " " and return	$24.00
Quincy, Lagrange and Canton to St. Paul - -	$11.15
" " " " " " and return	$22.25
Alexandria and Warsaw to St. Paul - - -	$10.75
" " " " " and return	$21.50

Keokuk to St. Paul	$10.40
" " " and return	$20.75
Ft. Madison to St, Paul	$9.75
" " " and return	$19.50
Burlington to St. Paul	$9.00
" " " and return	$18.00
Muscatine to St. Paul	$8.50
" " " and return	$17.00
Davenport to St. Paul	$8.15
" " " and return	$16.25
Dubuque to St. Paul	$5.90
" " " and return	$11.75
McGregor and Prarie DuChien to St. Paul	$4.75
" " " " " and return	$9.50
Winona to St. Paul	$2.65
" " " and return	$5.25
Clinton to St. Paul	$7.40
" " " and return	$14.75
LaCrosse to St. Paul	$3.40
" " " and return	$6.75

Yours Truly,

F. L. JOHNSTON, Secy. and G. P. A.

To all physicians who have the time to spare. we would recommend the passage by the St, Louis and St. Paul Packet Co. Their officers are attentive and kind and do all in their power to make their passengers happy. Instead of being tired, dusty and cross, as every one is who travels by railroad, one is really refreshed and eager for the work of a medical meeting.

☞ERRATUM.---On page 638 line 29 from the top, *small one* should read *smell.*

METEOROLOGICAL OBSERVATIONS.

By A. WISLIZENUS, M. D.

The following observations of daily temperature in St. Louis are made with a MAXIMUM and MINIMUM thermometer (of Green, N. Y.). The daily minimum occurs generally in night, the maximum at p. m. The monthly mean of the daily minima and maxima added and divided by two, gives quite a reliable mean of the monthly temperature.

THERMOMETER, FAHRENHEIT—APRIL., 1882.

Day of Month.	Minimum.	Maximum.	Day of Month	Minimum.	Maximum
1	53.0	81.0	18	50.0	73.0
2	63.0	**85.0**	19	55.0	58.0
3	64.0	84.0	20	46.5	58.5
4	64.0	82.0	21	48.0	73.0
5	66.5	82.0	22	56.0	65.0
6	62.0	85.0	23	48.5	31.5
7	66.0	76.5	24	46.5	61.0
8	63.0	77.0	25	49.0	73.0
9	58.5	79.5	26	60.0	79.0
10	39.0	52.0	27	53.0	70.5
11	**31.0**	45.0	28	56.0	68.0
12	33.0	46.0	29	49.0	64.0
13	39.0	52.0	30	44.0	62.0
14	42.0	52.0	31		
15	38.0	56.6			
16	44.0	63.0	Means	51.2	67.5
17	44.0	68.0	Monthly Mean.	59.3	

Quantity of rain, 3.51 inches.

MORTALITY REPORT.---CITY OF ST. LOUIS.

FROM APRIL 8, 1882, TO APRIL 29, 1882, INCLUSIVE.

Small Pox	2	Childbirth	1	Convulsions & Trismus Neonatorum	29
Scarlatina	37	Inanition, Want of Breast Milk, etc.	7	Hydrocephalus and Tub. Meningitis	4
Pyæmia & Septicæ	6	Alcoholism	7	Meningitis & Encephalitis	21
Erysipelas	1	Rheumat'm & Gout	1	Other Diseases of the Brain and Nervous System	15
Diphtheria	21	Cancer and Malignant Tumor	12	Cirrhosis of Liver and Hepatitis	7
Membran's Croup	1	Phthisis & Tuberculosis, Pulmon	69	Enteritis, Gastro-Enteritis, Peritonit, and Gastritis'	21
Whooping Cough	4	Bronchitis	20	Bright's Disease and Nephritis	5
Ovarian tumor	0	Senility	13	Other Diseases of Urin ary Organs	1
Measles	4	Pneumonia	39	Diabetes	0
Typhoid Fever	18	Heart Diseases	21	Syphilis	0
Cerebro Spinal Fev	6	Other Diseases of Respir'y Organs	16	Apoplexy	7
Remittent, Intermittent, Typho-Malarial, Congestive & Simple	0	Skin Disease	0	Dis. fem. gen. org.	0
Contin'd Fevers	12	Marasmus—Tabes Mesenterica and Scrofula	9	Surgical Operation	9
Puerperal Fevers	2	Other Const. Dis.	7	Deaths by Suicide	7
Diarrhœal Disea's	22			Deaths by Accid't	20
Other Zymotic Diseases	1			Deaths by Homicid	4
				Congen Defor'ty	24
				Total Deaths from all Causes	516
				Total Zymotic Diseases	151
				Total Constitutional Diseases	102
				Total Local Diseases	193
				Total Develop'tal Diseases	37
				Deaths by Viol'ce	33
				Unknown	0

CHAS. W. FRANCIS, *Health Commissioner.*

THE

SAINT LOUIS

Medical and Surgical Journal.

VOLUME XLII.

FROM JANUARY TO JUNE, 1882.

THOS. F. RUMBOLD, M. D., Editor and Proprietor.
A. H. OHMANN-DUMESNIL, M. D., Assistant Editor.

[ESTABLISHED 1843.]

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1882.

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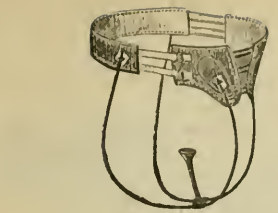

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The Abdominal Supporter is a broad morocco leather belt with elastic straps to buckle aronnd the hips, with concave front so shaped as to hold up the abdomen. The Uterine Support is a cup and stem made of highly polished rubber very light and durable, shaped to fit the neck of the womb, with openings for the secretions to pass out; as shown by the cuts. Cups are made with extended lips to correct flexions and versions of the womb.

The cut and stem is suspended to the belt by two elastic Rubber Tubes, which are fastened to the front of the belt by simple loops, pass down through the stem of the cup and up to the back of the belt. These soft rubber tubes being elastic adapt themselves to all the varying positions of the body and perform the service of the ligaments of the womb.

The instrument is very comfortable to the patient, can be removed or replaced by her at will, can be worn at all times, will not interfere with natures necessities, will not corrode, and is lighter than metal. It will answer for all cases of Anteversion, Retorversion, or any Flexions of the Womb, and is used by the leading Physicians with never failing success even in the most difficult cases.

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☞CAUTION.—Owing to the great sale and popularity of our instrument various and base imitations are sold by unscrupulous parties. In order to get the genuine, it is best to order direct from us.

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For "General Excellence in Manufacture."

H. PLANTEN & SON,

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* See note p. 61, Prof. Van Buren & Keyes on Urinary Organs.

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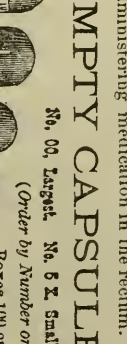

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Vaseline is an admirable preparation for many of the uses mentioned. At a base for ointments it has given great satisfaction while its freedom from rancidity or liability to become rancid gives it great advantage over many animal and vegetable fatty bodies. We deem it an article of great value and deserving of special mention for the above purposes. Bronze Medal awarded.
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As a dressing for WOUNDS, CUTS, BRUISES, BURNS, SPRAINS, PILES, RHEUMATISM, SKIN DISEASES, CATARRH, SORES OR ERUPTIVE DISEASES, and all contused and inflamed surfaces, is not equalled by any known substance.

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Vaseline is the best pharmaceutical preparation in the making of ointments, as it is completely neutral and unchangeable. I saw it used for the first time in London by Dr. Lanson. I then procurred the Vaseline' myself and I have experimented with it for four months on over one thousand patients and I must declare that the knowledge acquired by practice has surpassed my expectations by far. * * * I have also prepared large quantities of eye ointments with Vaseline' and have employed them on numerous maladies with very great success and I can affirm that Vaseline' is very precious in ocular therapeutics and must replace all the ointments in use at the present time. * *

In conclusion on account of its unalterability and its great affinity for perfumes I believe that Vaseline' merits the attention of the scientific and industrial world."

DR. REUSCHE, of Hamburg, (*translation*) **says:**

In six cases of small-pox I have used Vaseline with eminent success one a severe case of variola vera-a boy sixteen years old not vaccinated.

It developed the disease rapidly and shortened considerably the duration of it the time varying from seven to twenty days the latter period for the most serious case only.

While the application of Vaseline was regularly renewed all inflammation and fever were kept off and none of the patients at any time suffered any pain or great inconvenience whereas if neglected the patient would become irritable and feverish.

Applied internally it removed the small-pox in the mouth and throat in a few days.

A few scars remained in only one case but the patient will outgrow these as they are slight.

From the LONDON LANCET January 5th, 1878.

We have before noticed this preparation of petroleum in terms of warm praise. It is of the consistency of butter perfectly free from odor and does not become rancid. We have now before us several new preparations made from it which *are so useful* as to call for remark. They are a *pomade* a cold *cream* and a *camphor ice* all of excellent quality. We have tried all of them with most satisfactory results having found them greatly superior to the preparation in common use.

We manufacture the following Standard Ointments, according to the United States Pharmacopœa, using Vaseline as a base instead of lard:

Ung: Hydrargyri (⅓ Mercury).
Ung.: Hydrargyri Nirais (Citrine Ointment).
Cera.: Plumbi Sub-acais (Goulard's Cerate)
Ung.: Zinci Oxidi.
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We recommend them as vastly superior to anything in use. Price, 75cts, per Pound. No charge for jars. Send for Pamphlet.

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FELLOWS' HYPO-PHOS-PHITES

Contains **THE ESSENTIAL ELEMENTS** to the Animal Organization—Potash and Lime;

The **OXYDIZING AGENTS**—Iron and Manganese;

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And the **VITALIZING CONSTITUENT**—Phosphorus,
Combined in the form of a Syrup, with *slight alkaline reaction.*

IT DIFFERS IN EFFECT FROM ALL OTHERS, being pleasant to taste, acceptable to the stomach, and harmless under prolonged use.

IT HAS SUSTAINED A HIGH REPUTATION in America and England for efficiency in the treatment of Pulmonary Tuberculosis, Chronic Bronchitis, and other affections of the respiratory organs, and is employed also in various nervous and debilitating diseases with success.

ITS CURATIVE PROPERTIES are largely attributable to Stimulant, Tonic, and Nutritive qualities, whereby the various organic functions are recruited.

IN CASES where innervating constitutional treatment is applied, and tonic treatment is desirable, this preparation will be found to act with safety and satisfaction.

IST ACTION IS PROMPT, stimulating the appetite, and the digestion, it promotes assimilation, and enters directly into the circulation with the food products.

THE PRESCRIBED DOSE produces a feeling of buoyancy, removing depression or melancholy, and hence is of great value in the treatment of **mental and nervous affections.**

From its exerting a double tonic effect and influencing a healthy flow of the secretions, its use is indicated in a wide range of diseases.

Each Bottle of Fellow's Hypophosphites contains 128 doses.

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☞SPECIAL TO PHYSICIANS.—ONE large bottle containing 15 oz. (which usually sells for $1.50) will be sent upon receipt of **Fifty Cents** with the application, this will be applied to the prepayment of Expressage, and will afford an opportunity for a thorough test in Chronic cases of Debility and Nervousness. Express charges prepaid upon all samples.

FOR SALE BY ALL DRUGGISTS.

Recent Introduction to the Materia Medica.

BY

PARKE, DAVIS & Co.,

Manufacturing Chemists, DETROIT, MICH.

CHEKEN. (*Eugenia Cheken, Myrtus Chekan.*) This remedy, a native of Chili, is very popular in that country, where it is employed as an *inhalation* in diphtheria, laryngitis, bronchitis, bronchorrhœa, etc.; as an *injection* in gonorrhœa, leucorrhœa, cystitis, etc.; and *internally* as an aid to digestion, to allay cough, to facilitate expectoration and to stimulate the kidneys. It is also an astringent and is said to be of great value in hæmoptysis.

Cheken (known also as Chekan and Chequen), was introduced to the profession of England through a report of results following its use in chronic bronchitis or winter cough by Wm. Murrell, M. D., M. R. C. P., Assistant Physician to the Royal Hospital for Diseases of the Chest, and Lecturer on Practical Physiology at the Westminster Hospital. Dr. Murrel's report is very favorable and he has supplemented it by private advices to us expressing great satisfaction with the drug in the affections in which he has employed it. He regards it as one of the most valuable introductions of late years and pronounces it a drug of very superior properties in the treatment of **chronic bronchitis**, acting in this affection both as an anodyne and exerting a favorable influence over the organic changes in the mucous membrane. It is certainly a remedy which merits a thorough trial at the hands of the profession of this country.

SIERRA SALVIA. ("MOUNTAIN SAGE.") *Artemisia Frigida.* Fluid extract of the herb. Dose one to two fluid-drachms. **Diaphoretic and diuretic.**

The success which has attended the administration of this drug in "Mountain fever" has suggested its employment in all febrile conditions attended with suppression of the secretions of the skin and kidneys. Its action in fever seems to be two-fold, acting directly on the nervous centre, thus inducing a direct lowering of the temperature, and facilitating the radiation of the heat through diaphoresis which it stimulates. Under its use, the kidneys are also aroused to activity, and the solid constituents of the urine proportionately increased. Therapeutic tests have corroborated the opinion formed of it on theoretical grounds.

PERSEA. (ALLIGATOR PEAR.) Fluid extract of the seeds. Dose 30 to 60 minims. This remedy is now for the first time presented to the profession of this country. It is introduced on the recommendation of Dr. Henry Froehling, of Baltimore, Maryland, who, while acting in the capacity of botanist and scientist to an exploring expedition in Southern Mexico, became familiar with the drug, both from reports of the natives and personal experience, as a remedy in **intercostal neuralgia.** The following extract from Dr. Froehling's report will give some conception of the nature of this remedy:

"A common experience among physicians is that some cases of intercostal neuralgia are very troublesome and obstinate, resisting almost every kind of treatment; particularly is this the case in malarial districts. In such cases I would recommend the fluid extract of Persea seed. In my own person and in every case in which I have employed it I have been highly gratified with the result. Those of my medical friends to whom I have given samples of the preparation warmly endorse my opinion of it as above and I cannot but believe that further trial of it will cause it to be regarded as a valuable addition to our list of medicines."

Dr. Froehling also mentions the fact that Persea has been employed with benefit in the expulsion of tapeworm.

COCA. (ERYTHROXYLON COCA.) The evidence in favor of Coca is to prove it a powerful nervous stimulant, through which property it retards waste of tissue, increases muscular strength and endurance and removes fatigue and languor, due to prolonged physical or mental effort. While indicated in all conditions presenting these symptoms it has an especial indication in the treatment of **the opium and alcohol habits.** In these deplorable conditions it has been found to possess extraordinary properties—relieving the sense of untold bodily and mental misery which follows the withdrawal of the accustomed stimulus, thus preventing a return to the narcotic, and affording an opportunity for building up the system by the administration of restorative tonics.

We prepare Fluid Extracts of all the above drugs.

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